

To
LIC of India,
Branch Office
351

Date 26/11/24

Proposal No. 2742

Name of the Life to be assured Sandeep ganglani

The Life to be assured was identified on the basis of Adhar card

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Name, Signature & Seal of the Doctor / Pathologist / Cardiac/Radiologist and Health provider
Dr. [Signature]
MBBS, PGDCC (DIP. Pathology)
Reg. No. : MP-12781

The examination / tests were done with my consent.

[Signature]
(Signature of the Life to be assured)

Name: Sandeep Ganglani



Reports enclosed:

1. PMER
2. SRT 13
3. RVA
7. Hb

4. EKG
5. HbA1c
6. URNCOT
8. _____

Rubber Stamp of TPA



LIFE INSURANCE CORPORATION OF INDIA

ADDENDUM TO EMB

Extract of Personal History to be filled in by ME along with FMR at the time of Medical Examinations:

Name of the Life to be Examined: Sandeep ganglani
 Age: 41 Sex: M Identification Mark:

Sr. No	Personal History	Answer Yes/No	If Yes, please give full details
(a)	During the last 5 years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week?	No	
(b)	Have you ever been admitted to any hospital or nursing home for general check up/observation, treatment or operation?	No	
(c)	Have you remained absent from place of work on ground of health?	No	
(d)	Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous System?	No	
(e)	Are you suffering from or have you suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy, or any other disease?	No	
(f)	Did you ever have any bodily defect or deformity?	No	
(g)	Did you ever have any accident or injury?	No	
(h)	Did you use or have you ever used:	No	
	(i) Alcoholic drinks	No	
	(ii) Narcotics	No	
	(iii) Any other Drugs	No	
	(iv) Tobacco in any form	No	
(i)	What has been your usual state of health?	Good	
(j)	Have you ever required or at present availing/undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related condition.	No	

Declaration by ME: I hereby declare that I have, this day, examined the above life to be assured personally, in private and recorded in my own hand the true and correct findings as answered by the life to be assured

Signature of Medical Examiner:
Name:
Address:
Qualification:

Dr. Girish Rajnar
M.D.S. (Dent. Exo.)
Reg. No. : MP-12783

Declaration by Life being examined: I hereby declare that to the best of my knowledge and belief, (i) the answers contained in this form are true and complete and (ii) that all the material facts have been disclosed. I also agree that my right to benefit under any policy may be affected if, I have not disclosed any facts, which would be likely to influence assessment of risk and acceptance of the proposal

Signature of the life to be assured and being examined: *Sandeep*
Name: *Sandeep Sranglani*

Signature of the Proposer if other than Life to be Assured (Parents in case of Minors): *Sandeep*
Name:



Rubber Stamp Of TPA

LIC**MEDICAL EXAMINER'S REPORT**
Form No LIC03-001(Revised 2020)Branch Code: 351
Proposal/Policy No: 2-142
MSP name/city: _____
Date & Time of Examination: 26/11/2024
Medical Diary No & Page No: 361 08Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: Aadhaar card ID Proof No. 8196
(In Case of Aadhaar Card, please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above. For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr. Gurkish Ravi (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".Signature/ Thumb Impression of Life to be assured
(In case of Physical Examination)1 Full name of the life to be assured: Sandeep Ganglani
2 Date of Birth: 19/05/1983 Age: 41 Gender: Male
3 Height (In cms): 170 Weight (in kgs): 524 Required only in case of Physical MER
Pulse: 75/min Blood Pressure (2 readings):
1. Systolic 125 Diastolic 85
2. Systolic 125 Diastolic 85**ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED**

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	No
6	In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests ? Please specify date, reason, advised by whom & findings.	No
7	Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports	No
8	a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?	No

	c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	No
9	a. Any history of chest pain, heart attack, palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from high cholesterol? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	No
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer, leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder, multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment/ disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	a. Suffering from Depression/Stress/ Anxiety/ Phobias or any other Mental / psychiatric disorder? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	No.
18	Is there any abnormality of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS/Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee	No
For Female Proponents only		
i.	Whether pregnant? If so duration,	
ii	Suffering from any pregnancy related complications	
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	NA
FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY		Good

Declaration

You Mr/Ms _____ declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

Signature/ Thumb Impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined life above life to be assured on the 26 day of 11 2024 vide Video call/ Tele call/ Physical Examination personally and recorded in life and correct findings to the aforesaid questions as ascertained from the life to be assured.



Place: Bhopal
Date: 26/11/24

Signature of Medical Examiner
Name & Code No. Dr. Gaurav Rappal
Stamp: MBBS, PGDCC (Dip. Card.)
Reg. No. : MP-12781

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 BHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO CHEMICAL TESTS-13 (SBT-13)

Full Name of life to be assured

sandeep Ganglani

PROPOSAL NO- 2742

Age 41

Sex - MALE

Zone

Division

Branch

No.	Type of Test	Actual Reading	Normal Range
1	Fasting Blood Sugar (Method)	88	70-110 MG/DL
2	Total Cholesterol	161.3	UP TO 200 MG/DL
	High Density Lipid (HDL)	41.5	30-70 MG/DL
	Low Density Lipid (LDL)	86.48	UP TO 130 MG/DL
3	S. Triglycerides	140.1	UP TO 160 MG/DL
	S. Creatinine	0.57	0.5-1.5 MG/DL
5	Blood Urea Nitrogen (BUN)	19	10-40 MG/DL
6	S. Proteins	8.42	8.7-8.7 MG/DL
	(a) Albumin	4.21	3.7-5.3 MG/DL
	(b) Globulin	2.21	2.3-3.6 MG/DL
	AG Ratio	1.9	1.5-2.0
7	S. Bilirubin		
	(a) Direct	0.37	0.2-0.4 MG/DL
	(b) Indirect	0.14	0.1-1.0 MG/DL
	Total	0.51	0.2-1.2 MG/DL
8	SGOT (AST)	15.2	UP TO 40 IU/L
9	SGPT (ALT)	19.3	5 TO 40 IU/L
10	GGTP (GGT)	11.4	3.0-28.7IU/L
11	S. Alkaline phosphatase	83	37-147 IU/L
12	HbsAg (Australia antigen)	Negative	
13	for HIV(Method -----ELISA-----)	Negative	

Dated BHOPAL / on the 28 day of 11 20 24 at 11.55 am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Address

Dr. Arun Maity
DR. ARUN MAITY
 MD (PATHOLOGIST)
 MGI Reg. No. : 8836



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASITI CARE EYE HOSPITAL BHOPAL-462016
LIFE INSURANCE CORPORATION OF INDIA

URINE COTININE EXAMINATION

Full Name of life to be assured

sandeep Ganglani

DATE-26-11-2024

Age

41

Sex

MALE

Zone

Division

BHOPAL

Branch

Proposal No.

2742

Agent/ D.O. Cord

URINE COTININE EXAMINATION

INVESTIGATION	RESULTS	NORMAL RANGE
URINE COTININE	NEGATIVE	BY CARD METHOD

Immunochemical assay for Qualitative detection of cotinine in urine. A positive result indicates only that the presence of cotinine is above cut off concentration. It doesn't indicate or measure level of consumption. It is possible that technical procedure as well as other interfering substances in the specimen may cause erroneous results.

Interpretation of result:

Negative - Urine cotinine level below 200 ng/ml

Positive - Urine cotinine level above 200 ng/ml

DR. ARUN MAITY
MD (PATHOLOGY)
MGI Reg. No. : 8836



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-452016

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL MEDICAL REPORT
HAEMOGRAM

Full Name of life to be assured

sandeep Ganglani

Age

41

Sex

male

PROPOSAL NO

2742

Division

BHOPAL

Branch

No.	Type of Test	Values	Normal Range
1	Red Blood Cell Count		4.5-6.5 million/cmm
2	Hb%	14.5	12-17 GMS%
3	Hematocrit		40-70%
4	Indices		
	(a) MCV (Mean Corpuscular Volume)		70-100fl
	(b) MCH (Mean Corpuscular Hb)		27.0-37.0 pg
	(c) MCHC (Mean Corpuscular Hb Concentration)		32-37 g/dl
5	Morphology	NI	
	Macrocytes	NI	
	Microcytes	NI	
	Hypochromia:	NI	
	Poikilocytosis:	NI	
	Anisocytosis:	NI	
6	Target Cell -	NI	
	Spherocytes:	NI	
	Elliptocytes :	NI	
7	White Blood Cells		
	Total Count :		4000-11000/ microliter
	Differential Counts		
	a) Neutrophils:		45-75%
	b) Lymphocytes		20-45%
	c) Eosinophils		1-6%
	d) Monocytes:		1-10%
	e) Basophils :		0.0-1.0%
8	Platelets:		1,50,000-4,50,000 /cc.
9	Erythrocytes Sedimentation rate :		
	(WINTROBE)Method		0-10 MM/HR

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at **BHOPAL** on the **25** day of **11** 20 **24** at **11:55AM** am/pm

Signature of the Pathologist

Pathologist Name:

Qualification :

Address



DR. ANON MATH
MD (PATHOLOGIST)
MGI Reg. No. : 8836

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal

ROUTINE URINE ANALYSIS

Full Name of life to be assured

sandeep Ganglani

PROPOSAL NO-	2742	Age	41	Sex	Female
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Division	Bhopal	Branch	
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1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii) Sediment	Absent
(ii) Transparency	CLEAR	(iv) Reaction	Alkaline

2 CHEMICAL EXAMINATION

(i) Protein	Absent	(ii) Sugar	Absent
(iii) Bile Salt	Absent	(iv) Bile Pigments	Absent

3 MICROSCOPIC EXAMINATION

(i) Red Blood Cells	Absent	(ii) Epithelial Cell	2-3/HPF
(iii) Crystal	Absent	(iv) Pus Cells	2-3/HPF
(v) Casts	Absent	(vi) Deposits	Absent

(Bacterias --Absent)

REMARKS :

If Pus cells are present GRAM STA In is necessary.

If haematuria is present ZIEHL NEELSEN METHOD is necessary.

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at

Bhopal

 on the

26

 day of

11

20

24

 at

11:55

 am/pm

Signature of the Pathologist:
Pathologist Name:
Qualification :
Address

C.R. APOLKAR
 MD (Pathology)
 MGI Reg. No. : 8836



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal
ELECTROCARDIOGRAM

Full Name of life to be assured:

Age: Sex:

Division: Branch:

Proposal No.: Agent/ Code No.: Dev. Officer Code No.:

Instructions to the Cardiologist:

- i Please satisfy yourself about the identity of the examinee to guard against impersonation.
- ii The examinee and the person's introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii The base line must be steady. The tracing must be pasted on a folder.
- iv Rest ECG should be 12 leads along with Standardization slip each lead with minimum of 3 complexes long lead II if L-II and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V₁ shows a tall R-wave, additional lead V_{4R} be recorded.

DECLARATION

I declare that the Forgoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Note: Cardiologist is requested to explain following to LA and to note the answers there of.

- i Have you ever had chest pain, Palpitation, Breathlessness at rest or exertion ?
- ii Are you suffering from heart disease, Diabetes, high or low Blood Pressure or kidney disease ?
- iii Have you ever had chest X-Ray, ECG, Blood sugar, Cholesterol or any other test done ?

NO
NO
NO

If the answer's to any/all of the above question is "Yes" submit all relevant papers with this form.

I hereby declare that the Forgoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Date at: on the day of 20 at am/pm

Signature of the Pathologist: *Dr. Gajesh Rajpal*

Pathologist Name: *Dr. Gajesh Rajpal*

Qualification: *Dr. Gajesh Rajpal* M.B.B.S. Code No. _____

Name & Address: *Bio Care Path Lab, Hig-23 Shivaji Nagar, Bhopal-462016*

REG. NO. *12181*



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal

Full Name of life to be assured

sandeep Ganglani

(A) Measurements

Height (Cm)	Weight (Kg)	Blood Pressure	Pulse
170	52	125	85

(B) Cardiovascular System ----- NORMAL

Rest ECG Report:

Position	SUPINE	P Wave	NORMAL
Standardisation IMV	NORMAL	PR Interval	NORMAL
Mechanism	NORMAL	QRS Complexes	NORMAL
Voltage	NORMAL	Q-T Duration	NORMAL
Electrical Axis	NORMAL	S-T Segment	NORMAL
Auricular Rate	77/MIN.	T-wave	NORMAL
Ventricular Rate	77/MIN.	Q-Wave	NORMAL
Rhythm	REGULAR		
Additional findings. If any	NI		

Conclusion :

WNL

Date at on the day of 20 at 11:55 | am/pm

Signature of the Pathologist: _____

Pathologist Name: _____

Qualification: _____ M.E.'s Code No.: _____

Dr. Gurish Rainal

Name & Address of the Hospital/Clinic/Lab: _____
 Reg. No. : MP-12781



Patient Information :-

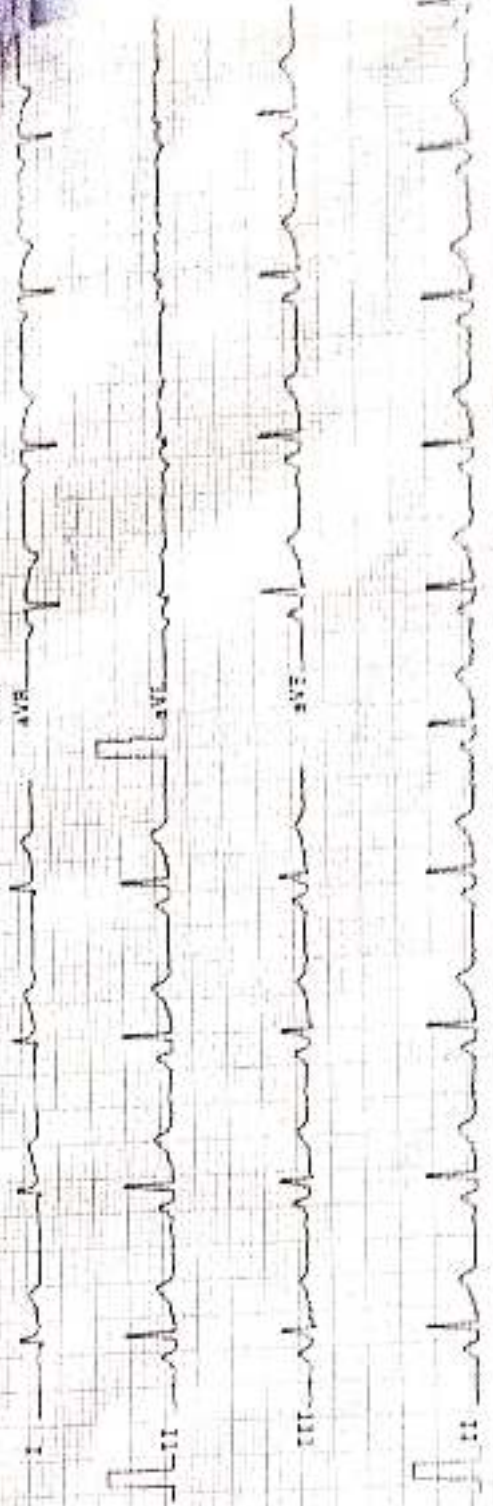
ID :-
Name :- **Sandeep ganglani**
Age Y/M :- **41** Gender :- **Male**
Respt :- **cas** Weight :- **89**
Sp :- **Speaker**

Type/Date :- **26/11/2024**

ECG Settings

Pacing Mode :- **AUTO**
Gain :- **10 mm/mV**
Speed :- **25 mm/Sec**
Filter :- **35 Hz**
Notch :- **ON**
Rhythm Lead :- **II**

ALEXIERS PISCES-A-103 (Ver-3.4)



Observations

HR :- **77 bpm**
PR :- **172 ms**
QR :- **109 ms**
QRS :- **61 ms**
QT/QTc :- **367/418 ms**
ST/STc :- **62 ***
T Axis :- **08 ***
P Axis :- **34 ***



DR. GIRISH KUMAR
MBBS, MD (General Medicine)
REG. NO. : MP-12751



Signature



Sandeep



Dr. Gites Rappal
MBBS, PGDCC (Dip. Card.)
Reg. No. : MP-12781



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