

Date: 16/10/2024

To,  
LIC of India  
Branch Office

Proposal No. 2478

Name of the Life to be assured PARAMBIR SINGH

The Life to be assured was identified on the basis of \_\_\_\_\_

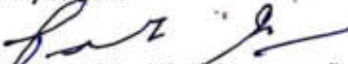
I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Signature of the Pathologist/ Doctor

Dr. **PARA KHAN**  
MBBS, DMRD  
Reg. No. 25508

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

  
(Signature of the Life to be assured)

Name of life to be assured:

**Reports Enclosed:**

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM		PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION - FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT- 13)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS		Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test	<i>Physician Report</i>

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,



**Part – II**

1. Is L.A. ever treated/hospitalised for any heart disease, hypertension, and diabetes  
Y/N? **No**

Investigations	Treatment	Hospitalisation	Present status	Prognosis
		<b>No</b>		

2. Blood Pressure Reading

Current	At the time of detection of HT	Duration of HT, if taking regular treatment
	<b>No</b>	

3. Diabetes – **NO**

Date of Diagnosis	Type	Duration
	<b>No</b>	

4. Are there any symptoms / signs of

(a)	Renal Disease	<b>No</b>
(b)	Neurological involvement	<b>No</b>
(c)	Eye Involvement	<b>No</b>
(d)	Peripheral Vascular Disease	<b>No</b>
(e)	Any other infectious diseases (esp. TB)	<b>NO</b>

5. Is L.A. taking regular treatment for above disease/s? **No**

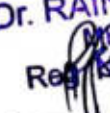
\* (Enclose all relevant papers with this form)

  
Signature of the L.A.

Date: **16/10/20**



**Dr. RAINA KHAN**  
MBBS, DMRD  
Reg. No. 25508

  
Signature of Physician  
Name :  
Address :

Qualification :  
Reg. No.:



DR. RAINA KHAN  
MBBS, DMRD  
Reg. No. 25508



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16/10/24 02:46 PM GMT +05:30



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act 1956)

ANNEXURE II - 11

\_\_\_\_\_  
DIVISION

Form No. LIC03-012

**PHYSICIAN'S REPORT**

**DECLARATION**

I, hereby authorise Dr RAJNA KHAN to intimate LIC of India all necessary information about my health obtained on history, examination including diagnosis and treatment.

I hereby declare that the statements and answers to Questions in Part One and Part Two of this report are true and complete and I do hereby declare that these will form part of the proposal dated 16/10/2024 given by me to LIC of India.

\_\_\_\_\_  
Signature of the L.A.

**Part - I**

1. Full Name of Life to be assured (L.A.) PARAMBIR SINGH

2. Has the L.A. suffered from -

Heart Disease	Hypertension	Diabetes
Y/N	Y/N	Y/N

(If yes, state name, address of the Consultant and submit all relevant papers with this form)

3. Does L.A. Consume Tobacco, snuff, and other narcotic substances in any form?

No. of Years	Quantity used	Date of cessation, if any
Last 15 years	2 to 3 sticks 3 to 4 months	NO

4. Does L.A. consume alcoholic drinks?

No. of Years	Quantity used	Date of cessation, if any
NO		

Date: 16/10/24



Signature of Physician  
Name :  
Address :  
Qualification :  
Reg. No.

Note : If Q.2 of Part - I is negative, no need of filling up Part - II

**Dr. RAJNA KHAN**  
MBBS, DMRD  
Reg. No. 25508

