

To,  
LIC of India  
Branch Office  
HY

Date: 04-11-2024

Proposal No. 5750

Name of the Life to be assured RAJESH KUMAR

The Life to be assured was identified on the basis of AADHAR 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.

H Kapoor  
Signature of the Pathologist/ Doctor

Name: DR. HEMANT KAPOOR

Dr. HEMANT KAPOOR  
MD, DPB  
Consultant Pathologist  
DMC Regd. No. 36636

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

Rajesh Kumar  
(Signature of the Life to be assured)

Name of life to be assured: RAJESH KUMAR

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb% <sub>2</sub>	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elsa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: DEFORMITY QUESTIONNAIRE

17. Others (Please Specify) NA

Remarks of Health Assure PVT LTD

Authorized Signature, \_\_\_\_\_



Division \_\_\_\_\_

Branch Office 114**DEFORMITY QUESTIONNAIRE**Name of the proponent / Life Assured RAJESH KUMAR Age 55 Years

**Questions to be answered by the proponent's / policyholder's Personal Medical Attendant /  
Medical Examiner regarding Deformity/ies and / or Impairment/s**

1.	a. What is the cause of deformity? Whether it is  i. Congenital ii. Due to an accident or injury iii. Due to any underlying disease?	Injury
	b. Since when the deformity is present?	(3 yrs)
2.	If the deformity is due to any underlying disease, please state the following:  i. What was the disease leading to deformity? ii. When did it occur? iii. Whether the disease is stationary or progressive? iv. If stationary, since when	Injury 3 yrs ago stationary - N/A -
3.	Does he/she have control on bowel movements and bladder?	YES
4.	Exact parts of the body affected and extent	left hand long fingers (M, R)
5.	Are there any restrictions in movements and function of the limbs or affected parts? Please give degree of disability	NO
6.	Has he/she a limp?	NO
7.	Whether he /she can walk and run fast without any aid (in case of deformity in the leg)?	YES
8.	Can he/she squat, sit and get up properly?	YES
9.	Whether the affected limb is shorter than the other , and if so, to what extent (in cms)	NO
10.	If the deformity is due to poliomyelitis, please state whether the wasting of muscles is  i. mild ii. moderate iii. severe	NO

11.	How many limbs are affected?	- N/A -
12	Are there any respiratory complications? If yes, give details	NO
13	Is there any restriction in movement of any of the fingers? Are any of the fingers removed?  If so, upto which phalanx. Whether thumb and forefinger have been affected / removed?	- NO -
14	a. Whether he / she can lift articles without any difficulty and hold the articles without losing the grip (in case of deformity in the hands)?  b. Is the grip firm and strong?	YES  YES
15	Are there any residual complications?	NO

My diagnosis as to the cause of the disability is Injury (unexplained and mild in nature)

I do for the reasons explained below / do not have any reason to suspect on clinical grounds a recent deterioration causing more pronounced disability:

- a.  He / she is able /  not able to perform routine self-care activities.
- b.  He / she is /  is not required to use wheel chair / crutches.
- c. Any other factors which are likely to add to the risk on account of the deformity / ies. NO

Please submit details of previous treatment, previous special reports, x-rays etc. for perusal and return.

Dated at NEW DELHI on the Monday day of 04 / 11 / 2024.

Rajesh Kumar  
Signature of the proposer /  
Policyholder

H Kapoor  
Signature of the Medical Examiner /  
Medical Attendant  
Code No. Dr. HEMANT KAPOOR  
Qualifications MD, DPM  
Registration No. Consultant Pathologist  
Address DMC Regd. No. 36836


  
**7582 2329 7586**

**आपार - आम आदमी का अधिकार**

*Chapora*  
**Dr. HEMANT KAPOOR**  
 MD, DPB  
 Consultant Pathologist  
 DMC Regd. No. 36636


  
**7582 2329 7586**

**आपार - आम आदमी का अधिकार**

Address:  
 S/O Chaitali Singh, PLOT  
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 KANURGARH, HEMANT P.O.  
 Lajpata, South West Delhi,  
 Delhi - 110073

NO. 36636  
 DMC Regd. No. 36636  
 DMC Regd. No. 36636

*Chapora*  
**Dr. HEMANT KAPOOR**  
 MD, DPB  
 Consultant Pathologist  
 DMC Regd. No. 36636



NABL  
ACCREDITED LAB

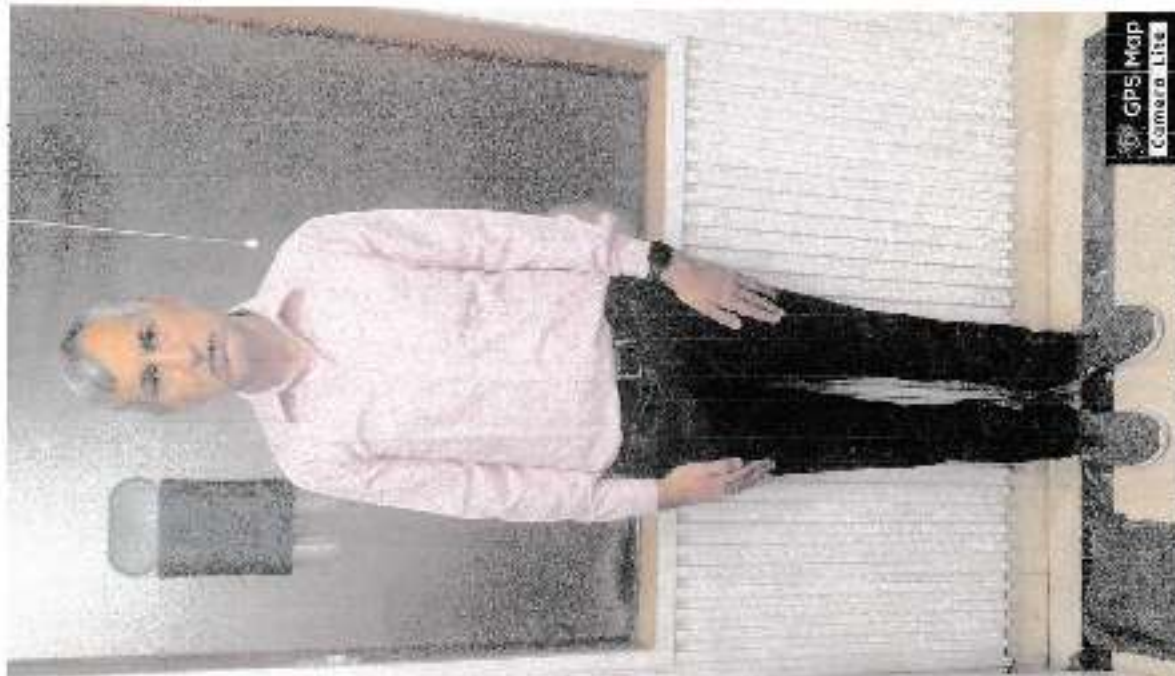
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# DDC DOCTORS DIAGNOSTIC CENTRE

Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DM (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Radiology)

*Dr. Kapoor*  
**Dr. HEMANT KAPOOR**  
MD, DPE  
Consultant Pathologist  
DMC Regd. No. 38636



GPS Map  
Camera-1316

1445/1, Najafgarh Rd, Jang Mahalla, Najafgarh, New Delhi, Delhi,  
110043, India

Longitude  
76.9852112°

Altitude 220 meters  
Monday, 04.11.2024

Latitude  
28.5138983°

Local DT: 50:30 PM  
GMT: 05:20:30 AM



This Report is for the purpose of doctors only. Not for Medical Legal Cases.  
Clinical Correlation is required. Please Contact us in Case of Unexpected results.

**KINDLY COLLECT YOUR ORIGINAL BILLS**

**TIMINGS: Daily - 8.00 am to 10.00 pm, Sunday - 8.00 am to 08.00 pm**

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