



LIFE INSURANCE CORPORATION OF INDIA
NEW DELHI DIVISION

LIC OF INDIA, BRANCH OFFICE- 111, N-BLOCK, C.PLACE-DELHI-1

Date:...../...../20.....

Type of case: Fresh/Requirement

DATA SHEET

(To be submitted by along with the proposal for If services of TPA required)

NAME OF THE LIFE PROPOSED:..... RAVI RAJ

Proposal No./Inward No. 118279378

Age of the Life Proposed:..... 59 Yrs Date of Birth..... 20/11/1965 Sex..... Male

Sum Under Consideration (SUC) Rs..... 600,000 (SA)

Telephone No./Mobile No..... |

Email Id:.....

SPECIAL REPORTS REQUIRED

- 1. FMR
- 2. ECG TRACING AND REPORT
- 3. FBS(Fasting Blood Sugar)
- 4. Hb%
- 5. LIPID PROFILE
- 6. Haemogram
- 7. Elisa for HIV
- 8. SBT-13
- 9. RUA
- 10. CTMT
- 11. HbA1c
- 12. Chest X-Ray
- 13. 2 D ECHO
- 14. Any other Tests(s)/ Questionnaire.....

Kindly arrange to get the above proponent medically examined under the TPA system.

Seal of the Branch Office

Signature of HOD (NB/BM)



Name:..... SANDEEP GULY

Agency Code No. 96978 Mobile No.....

DO Code:..... Mobile No.....

NAVYA HOSPITAL
RZ-13B NAJAFGARH,
NEW DELHI-110043

Date: 28/10/2024

To,
LIC of India
Branch Office

Proposal No. 1183 79378

Name of the Life to be assured RAVI RAJ

The Life to be assured was identified on the basis of ADDITIONALY

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.

DR. PANKAJ KUMAR
MBBS MD (GEN MED)
REG. NO. - 26552
Signature of the Pathologist/Doctor

Name:

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

Ravi Raj
(Signature of the Life to be assured)

Name of life to be assured: RAVI RAJ

Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043



MEDICAL EXAMINER'S REPORT
Form No LIC03-001 (Revised 2020)

Branch Code:
Proposal/ Policy No: 118379378
MSP name/code :
Date & Time of Examination:
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: AADHAAR CARD ID Proof No. 0148
(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. Dr. PANKAJ KUMAR (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".
MBBS: MD (GEN. MED) REG. NO. 20000

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

1	Full name of the life to be assured: <u>RAVI RAJ</u>		
2	Date of Birth: <u>20/11/1965</u>	Age: <u>59</u>	Gender: <u>M</u>
3	Height (In cms): <u>174</u>	Weight (in kgs) : <u>80</u>	
4	Required only in case of Physical MER		
	Pulse : <u>79</u>	Blood Pressure (2 readings): 1. Systolic <u>120</u> Diastolic <u>80</u> 2. Systolic <u>120</u> Diastolic <u>80</u>	

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), Rhinorrhea (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

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NEW DELHI-110043

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	/ No
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	/ 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	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	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?	Reding/lyeth.
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, gonorrhea, 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

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NEW DELHI-110043

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

/ N/A

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Good
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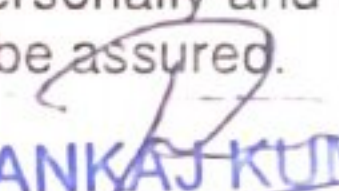
Declaration

You Mr/Ms Ravi Raj 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 the above life to be assured on the 28 day of 10 20 24 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.


Dr. PANKAJ KUMAR
MBBS. MD (GEN.MED)
REG.NO.- 26552

Signature of Medical Examiner
Name & Code No:

Place: Jalpaiguri
Date: 28/10/2024
Stamp:


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NEW DELHI-110043



भारत सरकार
GOVERNMENT OF INDIA



रवि राज

Ravi Raj

जन्म तिथि/ DOB: 20/11/1965

पुरुष / MALE



7835 4016 0148

मेरा आधaar, मेरी पहचान

Dr. PANKAJ KUMAR
MBBS. MD (GEN.MED)
REG.NO.- 26552

Ravi Raj



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 30-03-2017

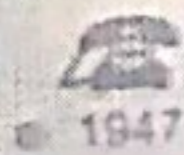
पता:

S/O माम राज, 3029, कूचा मोहतर
खां, मोरी गेट, मोरी गेट, उत्तरी दिल्ली,
दिल्ली - 110006

Address

S/O Mann Raj, 3720,
KUCHA MOHATTAR KHAN,
MORI GATE, Mori Gate,
North Delhi,
Delhi - 110006

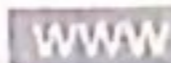
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P.O. Box No.1947,
Bengaluru-560 001

NAVYA HOSPITAL
RZ-13B RAJAFGARH,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____

Proposal No. 118379378

Agent/D.O. Code: _____ Introduced by: (name & signature)

Full Name of Life to be assured: Ravi RajAge/Sex : 59/M

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- The base line must be steady. The tracing must be pasted on a folder.
- Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III 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 V4R be recorded.

DECLARATION

I hereby declare that the foregoing 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.

Witness

Signature or Thumb Impression of L.A. Ravi Raj

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at Delhi on the day of 28/10 2008

Signature of L.A.

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RZ-13B NAJAFGARH,
NEW DELHI-110043

Dr. Pankaj Kumar
Signature of the Cardiologist
Name & Address (MBBS, MD (GEN MED))
REG. NO. - 26552
Qualification Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
174	80	120/80	79

(B) Cardiovascular System

.....

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Impv	10 mA	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	79 / min	T-wave	Normal
Ventricular Rate	79 / min	Q-Wave	Normal
Rhythm	Sinus		—
Additional findings, if any.	Normal		—

Conclusion:

Normal

Dated at 28/10 on the day of 28/10 2005


 Dr. PANKAJ KUMAR
 MBBS. MD (GEN.MED)
 REG.NO.- 26552

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.


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 RZ-13B, NAREGARH,
 NEW DELHI-110043

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AEAPR5275E



नाम / Name
RAVI RAJ

पिता का नाम / Father's Name
MAM RAJ

जन्म की तिथि /
Date of Birth
20/11/1965

Ravi Raj
हस्ताक्षर / Signature

03122020

We wish to inform you that quoting of PA

P
Dr. PANKAJ KUMAR
MBBS, MD (GEN. MED)
REG. NO. - 26552

Ravi Raj
NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA
Special Medical Report I

Form No. LIC03 - 009

Zone Division Branch DATE/TIME 28/10/2024 09:14 AM

Proposal No. 118379378

Agent/D.O. Code: Introduced by : (name & signature)

Full Name of Life to be assured: MR. RAVI RAJ
Age/sex : 59/M

HEAMETOLOGY

Test	Result	Unit	Normal value
Hb%	13.8	%	13.00 – 15.00

NAVYA HOSPITAL
RZ-138, NEW ROSHANPURA,
NAJAFGARH,
NEW DELHI-110043

Signature of the Pathologist
Dr. SAKSHI VIRMANI
MBBS, MD, PATH
REG.NO.- 8941
Pathologist's name & Address
Qualification :
LICI Code No. :

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE  **Plus**
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043

☎ : 8700101773. 7903658279

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA
Special Medical Report I

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE /TIME 28/10/2024 09:14 AM

Proposal No. 118379378

Agent/D.O. Code:

Full Name of Life to be assured: MR. RAVI RAJ

Introduced by: (name & signature)

Age/Sex : 59/M

- Physical Examination
 - (i) Colour : YELLOW
 - (ii) Sediment: NIL
 - (iii) Transparency : CLEAR
 - (iv) Reaction :ACIDIC
- Chemical Examination
 - (i) Protein : NIL
 - (ii) Sugar :NIL
 - (iii) Bile salt : NIL
 - (iv) Bile pigments :NIL
- Microscopic Examination
 - (i) Red Blood Cells: NIL
 - (ii) Epithelial Cells :01-02 /HPF
 - (iii) Crystals : NIL
 - (iv) Pus Cells : 01-02 /HPF
 - (v) Casts : NIL
 - (vi) Deposits : NIL
 - (VII) Bacterias :NIL

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.

NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

Signature of the Pathologist
Dr. SAKSHI VIRMANI

MBBS, MD PATH

Pathologist REG. NO. 8941 Address

Qualification :

LICI Code No. :

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CARE  PLUS
DIAGNOSTICS

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☎ : 8700101773, 7903658279

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMISCAL TESTS -13 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone Division Branch DATE /TIME 28/10/2024 10:14 AM

Proposal No. 118379378

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR. RAVI RAJ

Age/Sex :59 /M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	82.1	60-110 MG/DL
2	TOTAL CHOLESTEROL	160.3	100-250 MG/DL
	HIHG DENSITY LIPID (HDL)	39.8	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	149.7	00-150 MG/DL
3	TRIGLYCERIDES	143.8	25-160 MG/DL
4	CREATININE		0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)		6.0-21.0 MG/DL
6	S PROTEINE		6.5-8.5 MG/DL
	(A) ALBUMIN		3.5-6.0 MG/DL
	(B) GLOBULINE		1.8-2.5 MG/DL
	(C) AG RATIO		
7	S. BILIRUBIN		0.0-02 MG/DL
	(A) DIRECT		0.2-0.8 GM/DL
	(B) INDIRECT		0.2-1.0 MG/DL
	(C) TOTAL		
8	SGOT (AST)		04-45 IU/DL
9	SGPT (ALT)		00-40IU/DL
10	GGTP (GGT)		11-50IU/DL
11	S. ALKANINE PHOSPATASE		15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)		NEGATIVE
13	ELISA FOR HIV		NEGATIVE

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS. MD PATH
REG. NO. 08941

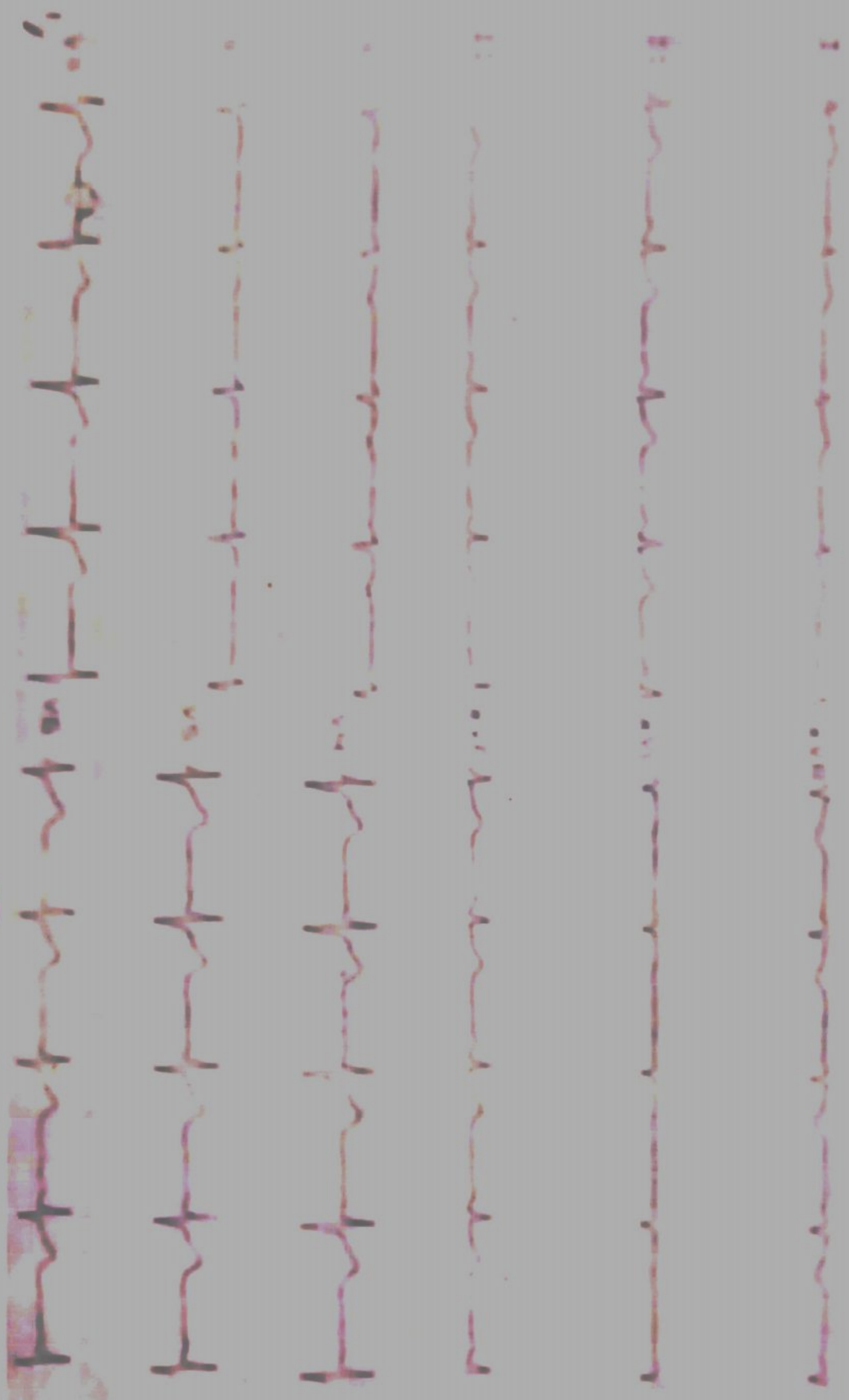
SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS ALIFICATION

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CARE  **Plus**
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043

☎ : 8700101773, 7903658279



P
Dr. PANKAJ KUMAR
MBBS, MD (GEN MED)
REG NO. - 28552

NAVYA HOSPITAL
RZ-13B, BELAPGAH,
NEW DELHI-110043



Delhi, Delhi, India

Jx3q+g29, Najafgarh Rd, Block E, New Roshan Pura Extn,
Najafgarh, Delhi, 110043, India

Lat 28.603782° Long 76.987607°

25/10/24 09:20 AM GMT +05:30