# Format of separate sheet to be sent along with computer generated special reports

To LIC of India, Branch Office				Date 20/	10/
Proposal No. 9002 Name of the Life to be as The Life to be assured wa	17-3 P916	emnuti.	Lusmi	1	
The Life to be assured wa	is identified on th	ne basis of	PAN CA	ARD	
I have satisfied myself	with regard to	the identity of	the		
Signature of the Pathologi	grawal	ts / examination as below in my	for which repo presence.	rts are enclos	ed.
The examination tests we see that the see th	doll	consent.	٧.		-
Name:					
Reports enclosed:  1. PME /2.  2. 2. 19. 9  3. 49.5		4. RVA 5. FIB 6. FC4.			
Rubber Stamp of TPA		4.0	*	4 #	1
NEW DIMPRED		BHOPAL TO			100

#### LIFE INSURANCE CORPORATION OF INDIA ADDENDUM TO FMR

Extract of personal history to be filled in by ME with FMR at the time of Medical Examination

Name of the Life to be examined:

Age: 56/Y Sex: Identification Mark:

Introducers name and Designation:

Sr. No	Personal History	Answer Yes/No	If Yes please give full details
(a)	During the last five years did you consult a Medical Practitioner for any ailments requiring treatment for more than a week?	NO	And the second s
(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 grounds 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	The same of
(e)	Are you suffering from or have you suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood pressure, Cancer, Epilepsy, Hemia, Hydrocele, Leprosy, or any other disease?	Nº	Ab.
(I)	Did you ever have any bodily defect or deformity?	NO	
(g)	Did you ever had any accident or Injury?	NO	
(h)	Did you use or have you ever used:	NO	
	(i) Alcoholie 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?	Gard	
(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: \_\_\_ Agrawal 4 Consultant Pathologist Address: MBBS, MD. Consultant Pathologist Qualification: Code: Limit: Declaration by Life being examined: I hereby declare that to the best of my knowledge and belief. (i) the answers confained 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: Signature of the Proposer if other than Life to be Assured. (Parents in case of Minors): Name:



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

Branch Code: 350
Proposal/ Policy No: 900273
MSP name/code:
Date& Time of Examination: 20/10/24

	Medical Diary No & Page No: 1364 02
Mo	obile No of the Proposer/Life to be assured:
(Ir	entity Proof verified: PAN (ARD ID Proof No. ATOPK28534 on Case of Aadhaar Card, please mention only last four digits)
[N	lote: Mobile number and identity proof details to be filled in above . For Physical MER, Identity poof is to be verified and stamped.]
Fo	r Tele/ Video MER, consent given below is to be recorded either through email or audio/video
me	essage. For Physical Examination the below consent is to be obtained before examination.
EX	would like to inform that this call with/ visit to Dr. Declina H939 20. (Name of the Medical aminer) is for conducting your Medical Examination brough Tele/ Video/ Physical Examination on
bel	half of LIC of India". श्रीमीत प्रेम वंती कुमी
Sig	(In case of Physical Examination)  Full name of the life to be assured:
1	
2	Date of Birth: 30/12/1967 Age: 56/ Y Gender:
3.	Height (In cms): 150 Weight (in kgs): 50
4	Required only in case of Physical MER
	Pulse: 70/min Blood Pressure (2 readings): 80
	1. Systolic 128 Diastolic 80
	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
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?
	other investigatory or diagnostic tests?
	other investigatory or diagnostic tests? Please specify date , reason ,advised by whom &findings.
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 nau sea,
	voliting and/or diarribea, Chins, Repeated shaking with chins,
	Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports
8	a. Suffering from Hypertension (high blood pressure) or
	a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?
	of sugar /albumin in urine?
_ /	of sugar /albumin in urine? b. Since when, any follow up and date and value of last
	checked blood pressure and sugar levels?

f the perceited	
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.?	No
	1.
by diet control or exercise)?	
a. Any history of chest pain, heartattack, palpitations and	
	1 - 1-
cholesterol? Please state name of the prescribed medicine	NO
surgery or PTCA?	
Suffering or ever suffered from any disease reled to kidney	10
such as kidney failure, kidney or ureteral stones, blood or pus	No
in urine or prostate?	
	NO.
	10.
	LOR.
	. Fa
	~0
	- NO
tumor, cyst or growth of any kind or enlarged lymph nodes?	100
Suffering or ever suffered from Epilepsy, nervous disorder,	. 10
	No
	AIM
	NO
	NO
	100
b. Whether on treatment or ever taken any treatment, if yes,	NO
please give details of treatment, prescribed medicine and	61
dosages	
is there any abnormality of Eyes (partial/total blindness), Ears	.1
(deafness/ discharge from the ears), Nose, Throat or	No
	ANY/258
of oral cancer?	
tested positive or is/ are under treatment for HIV	NO
AIDS/Sexually transmitted diseases (e.g. syphilis,	100
goporrhea etc.)	
Ascertain if any other condition / disease / adverse habit (such	NO
as smoking/ tobacco chewing/ consumption of	NU
alcohol/drugs etc) which is relevant in assessment of medical	13-13-13-13-13-13-13-13-13-13-13-13-13-1
risk of examinee.	
Female Proponents only	NIO
Whether pregnant? If so duration.	No
Suffering from any pregnancy related complications	7 0
whether consulted a gynaecologist of undergone any	N/0
cyst or any disease of the breasts, uterus, cervix or ovaries etc.	100
or taken / taking any treatment for the same	
M MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT ETHER LIFE TO BE ASSURED APPEARS MENTALLY	Ves
	d. Whether developed any complications due to diabetes? d. Whether developed any complications due to diabetes? d. 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)? d. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from high cholesterol? c. Whether on medication for any heart allment/ high cholesterol? Please state name of the prescribed me dicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA? Suffering or ever suffered from any disease reted to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate? 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.? Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder? Suffering or ever suffered from any prom of cancer, leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes? Suffering or ever suffered from any physical impairment/ disability /amputation or any congenital disease/ab normality or disorder of back, neck, muscle, joints, bones, arthritis or gout? Suffering or ever suffered from Hornia or disorder, please give details of treatment, prescribed medicine and dosages 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 stalns or signs of oral cancer?  Whether person being examined and/or his/her spouse/partner tested positive or is/ are under treatment for HIV //AIDS/Sexually transmitted disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk

You Mr/Ms Premuet Lusmi Declaration

You Mr/Ms Premuet Lusmi 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

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 20 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.

Place: BHOPAL Date: 20/10/24 Signature of Medical Examiner
Name & Corns Wtant Pathologist
Stamp:

UTAN

### **DIWAKAR DIAGNOSTIC CENTRE**

E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal **BLOOD SUGAR TOLERANCE REPORT** Full Name of life to be assured PREMWATI KURMI Age 56/Y Sex **FEMALE** BHOPAL Division Branch Proposal No. 900273 INSTRUCTIONS FOR THE PATHOLOGIST Û The observations should be made in the morning in the fasting state before and after Û The pathologist should indicate the method of blood estimation employed and the Û Each column should be filled in every case. Û Please insist on the proposer signing in your presence. A from on which the proposer has already put his signature should not be used. Sasting Clock Blood Urine Acetions Normal Value Glucose **Bodies** suger Fasting 9:31 AM 90.1 NIL NIL 70-110MG/DL 2 Hours after 75 ams. Of Glucose Interpretaion -NORMAL Method of blood sugar estimation employed -----GOPD I declare that the person examined/Investingated, signed/affised thumb inpression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer. Dated Bhopal on the day of 20 24 9:31 Signature of the Pathologist: Patholigist Name: Qualification: M.E.'s Code No .: Name & Address of the Hospital/Clinic/Lab: epika Agrawal MBBS, MD. Consultant Pathologist

E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal LIPIDOGRAM

				LIPIDOGRAM	35			
ull Name	of life	to be assured	PREMV	ATI KURMI				
PROPOSAL NO- 900273		] 4	ige	56/Y	Sex	FE	MALE	
ivision		ВНОРАЦ			Branch			
		EXA	MINATION	OF BLOOD FO	R HIV I & II TE	ST	_	
	S. no	Type of Tes	st /	Actual Reading	No	ormal		
	1	Total Cholesterol		159.3	UP TO 200 MG/DL 30-70 MG/DL			
	2	High Density Lipid	(HDL) 45.2					
	3	Low Density Lipid	(LDL)	87.32	UP TO 130 MG/DL			
	4	4 S. Triglycerides		133.9	UP TO 160 MG/DL			
		10						
declare ti elow, in i	hat the p my preso	erson examined/Inv ence and I am not re	vestingate	d, signed/affise m/her or the Aç	d thumb inpre jent or the dev	ssion in the sp elopment Offic	cer.	rked /
ated	ы	nopal on the	20	iay of 10	20 24	at	9:31	am/pm
	_				Signature of t	he Pathologist	epika A	rawal
				2	Patholigist Na		MBBS, MD	
		Jah Insu			Qualification	Consu	ItarM E.U	CASE MP
		BHOPAL		8	Name & Addre	ess of the Hos	pital/Clinic/	Lab :
		BHOPAL		ENTRE				
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				STI	)24			

E-7 / 636 arera colony near pnb bank new campion School chauraha

		NOUT	ME OKI	NE ANA	LYSIS			_
of life to be ass	ured							
SAL NO-	900273	Age	56/Y			Sex	FEMALE	
	Bhopal			Bra	anch			
YSICAL EXAM	MINATION							
lour	PALĒ	YELLO	w	Tan	Sadiment			
ansoparency		100000000000000000000000000000000000000		(iv)	Reaction		Absent	
HEMICAL EXA	MINATION			_				
otein	-	Absent		Tiii	Sugar		A1	
le Salt	-	Absent				-		
2000				(ii)	Equithelial Ce		1-3/HPF	F
		A0017-0110		(iv)	Pus Cells		1-4/HPF	-
asis		Absent		(vi)	Deposits		Absent	
s are present ( uria is present that the person nce and I am n	ZIEHL NEELS	EN ME	sary. THOD is red, signed the Agen	necessar /affised to the of	y. thumb inpression development Offic 10 20 2 ature of the Pathologist Name:	in the spectrum.	9:31	am/pm Agrawal
	10 la					Co		divide the same of
	10/10	may 100		Add	ess	CENTAS	21150,10	TARRES CO
	IYSICAL EXAMINATION IN THE INTERPOLATION INTERPOLATION IN THE INTERPOLATION INT	Bhopal  IYSICAL EXAMINATION  Iour PALE  ansoparency C  HEMICAL EXAMINATION  otein A  ICROSCOPIC EXAMINATION  ed Blood Cells  rystal asts  IS: Is are present GRAM STA in uria is present ZIEHL NEELS that the person examined/Invence and I am not related to he Bhopal on the	Bhopal  IYSICAL EXAMINATION  Iolour PALE YELLO  ansoparency CLEAR  HEMICAL EXAMINATION  Ide Salt Absent  ICROSCOPIC EXAMINATIC  ed Blood Cells Absent  rystal Absent  asts Absent  IS: Is are present GRAM STA in is necessuria is present ZIEHL NEELSEN MET  that the person examined/Investingat noce and I am not related to him/her of  Bhopal on the	Bhopal  SAL NO-  Bhopal  SYSICAL EXAMINATION  Blour  PALE YELLOW  Bansoparency  CLEAR  HEMICAL EXAMINATION  Otein  Absent  Blood Cells  Absent  Tystal  Absent  Absent  (Bacterial  SS:  Is are present GRAM STA in is necessary.  Juria is present ZIEHL NEELSEN METHOD is resulted to him/her or the Agent name and I am not related name and I am n	Bhopal Brainsparency   Brainsparency   Bhopal   Brainsparency   CLEAR   Bhopal   Brainsparency   CLEAR   Bhopal   Brainsparency   CLEAR   Bhopal   Bhopal	Bhopal Branch  SAL NO- 900273 Age 56/Y  Bhopal Branch  SIYSICAL EXAMINATION  Solour PALE YELLOW (ii) Reaction  HEMICAL EXAMINATION  Solour Absent (ii) Sugar  HEMICAL EXAMINATION  Solour PALE YELLOW (iii) Sugar  HEMICAL EXAMINATION  Solour PALE YELLOW (iv) Reaction  HEMICAL EXAMINATION  Solour PALE YELLOW (iv) Reaction  HEMICAL EXAMINATION  Solour PALE YELLOW (iv) Bile Pigments  ICROSCOPIC EXAMINATIC  Solour Bile Pigments  (iv) Pus Cells  Deposits  (Bacterias -Absent)  Solour PALE YELLOW (iv) Deposits  (Bacterias -Absent)  Absent (iv) Pale Yellow (iv) Pale Ye	Bhopal Branch  SSAL NO- 900273 Age 56/Y Sex  Bhopal Branch  SSEX  Bhopal Branch  SSEX  Branch  SSEX  Branch  SSEX  SEX  BRANC- 900273 Age 56/Y Sex  Branch  SSEX  SSEX  SSEX  BRANCH  SSEX  SEX  SEX  BRANCH  SSEX  SEX  SEX  SEX  SEX  SEX  SEX  S	Bhopal Branch  Bhopal Branch  Bhopal Branch  Bhopal Branch  Bhopal Branch  Bra

E-7 / 636 arera colony near pnb bank new campion School chauraha

#### LIFE INSURANCE CORPORATION OF INDIA SPECIAL MEDICAL REPORT HAEMOGRAM

tarrie of life to be assured	PREMWATI	KURMI
Age	56/Y Se	FEMALE
Division	BHOPAL Br	anch
Type of Tost		
Red Blood Cell Count	Values	Normal Range
Нь%		4.5-6.5 million/cmr
Hematocrit	12.1	12-17 GMS%
		40-70%
		40-70%
(b) MCH (Mass C		70.000
(c) MCHC (Mean Corpuscular Hb)		70-100fl
(C) MCHC ( Mean Corpuscular Hb Concentration	1	27.0-37.0 pg
1		32-37 g/dl
Macrocytes		
	Nil	
Hypochromia:	Nil	
Poikilocytosis:	Nil	
Anisocytosis:	Nil	
Target Cell -	Nil	
Spherocytes:		
Eliptocyres:	Nil	
White Blood Cells	Nil	
Total Count :		
Differential Counts		4000-11000/ microlite
a) Neutrophils:		17000/ microlite
b) Lymphocytes		45-75%
c) Eosinophils		20-45%
d) Monocytes:		1-6%
e) Basophils :		1-10%
		0.0-1.0%
Erythrocytes Sedimentation rate:		1,50000-4.50000 lac.
(WINTRIOBE )Method  that the person examined/Investingated, signed/		1500000 lac.
	Type of Test  Red Blood Cell Count  Hb%  Hematocrit  Indices  (a) MCV (Mean Corpuscular Volume)  (b) MCH (Mean Corpuscular Hb)  (c) MCHC (Mean Corpuscular Hb Concentration Morphology  Macrocytes  Microcytes  Hypochromia:  Poikilocytosis:  Anisocytosis:  Target Cell -  Spherocytes:  Eliptocyres:  White Blood Cells  Total Count:  Differential Counts  a) Neutrophils:  b) Lymphocytes  c) Eosinophils  d) Monocytes: e) Basophils:  Platelets: Erythrocytes Sedimentation rate:	Age 56// Se  POSAL NO 900273 Division BHOPAL Br  Type of Test Values  Red Blood Cell Count  Hb% 12.1  Hematocrit  Indices  (a) MCV (Mean Corpuscular Volume)  (b) MCH (Mean Corpuscular Hb)  (c) MCHC (Mean Corpuscular Hb)  Morphology Nil  Macrocytes Nil  Microcytes Nil  Poikilocytosis: Nil  Poikilocytosis: Nil  Spherocytes: Nil  Spherocytes: Nil  White Blood Cells  Total Count: Differential Counts  a) Neutrophils: b) Lymphocytes c) Eosinophils d) Monocytes: e) Basophils: Platelets: Erythrocytes Sedimentation retering

earmarked below, in my presence and I am not related to him/her or the Agent or the development

Dated	at BHOPAL on the 20	day of 10 2	20 24 Signature	at	9:31 am/pm
	redith Insura	CENT	Patholigist I Qualification	WIBB	Agrawal
	BHOPAL TO	NOS	(0)	Consultani	Pathologist
	A.	PIO AA	HAM		

E-7 / 636 arera colony near pnb bank new campion School chauraha

ill Name of life to be assured	1	PREMWATI KURMI								
		PREMWAT	IKURMI							
		Age	56/Y							
			July		Sex	FEMA	LE			
vision	внор	AL		D						
				Branch						
oposal No.	900273	Agent/	Code No.		Dev. Officer Code	No				
						170.				
nstructions to the Cardi	iologiet.									
I Please satisfy yours	elf about the is	dentity of the								
Please satisfy yours The examinee and ti signatures on ECG ti The base line must be	he person/s in	troducing him a	aminee to g	luard against impers	onation.					
signatures on ECG t	raines	- and the first	in usis seni	your presence. Do n	ot use the form signs	ed in adv	rance. Also obtain			
Rest ECG should be shows deep Q or T v V. R be recorded	12 leads alon	g with Standard	fization slip	each lead with minin	num of 3 complemen					
shows deep Q or T v V, R be recorded.	wave change,	they should be	recorded ad	ditionally in deep ins	piration If V shows	long lead	d II If L-III and AVF			
					7, 31043	a tali rt-v	wave, additional lead			
			DECLAR	PATION						
clare that the Foregoing an	swers are give	en by me after fr			2000000					
clare that the Foregoing and been with held. I do agree	that these will	from part of the	proposal da	ated	They are true and c given by me to i	complete	and no information			
			SUCCESSION OF THE PARTY OF THE		Civen by me to t	LIC of lov				
						CIG OI BIL	na.			
Note: Cardiofog	gist is requeste	ed to explain foll	lowing to LA			CIO CI III	313.			
Note: Cardiofog	gist is requeste	ed to explain foll	lowing to L./	A and to note the ans			313.			
i mave you ever had c	hest pain. Palp	pitaion Breathle	ssness at re	A and to note the ans	wers there of.		NO NO			
ii Are you suffering	hest pain. Pal from heart dis	pitaion Breathle ease Diabetes	high or low	A and to note the ansest or exertion?	wers there of.		NO			
ii Are you suffering iii Have you eve	hest pain. Palj from heart dis er had chest X-	pitaion Breathle lease Diabetes -Ray, ECG Blox	high or low	A and to note the ansest or exertion? Blood Pressure or ki	wers there of.		NO NO			
ii Are you suffering iii Have you eve	hest pain. Palj from heart dis er had chest X-	pitaion Breathle lease Diabetes -Ray, ECG Blox	high or low	A and to note the ansest or exertion? Blood Pressure or ki	wers there of.		NO			
ii Are you suffering iii Have you eve that answer/s to any/ all of the	hest pain. Pal; from heart dis er had chest X- above questic	pitaion Breathle lease Diabetes -Ray, ECG Bloom on is 'Yes' subm	rssness at re high or low od sugar Ch it ail relevan	A and to note the ans est or exertion ? Blood Pressure or ki lolesterl or any other It papers with this fro	wers there of.  dney disease ?  lest done ?		NO NO NO			
ii Are you suffering iii Have you eve e answer/s to any/ all of the	from heart dis from heart dis er had chest X- above questio	pitaion Breathle lease Diabetes -Ray, ECG Bloom on is Yes' subm	rssness at re high or low od sugar Ch it all relevan	A and to note the ans est or exertion ? Blood Pressure or ki lolesterl or any other It papers with this fro	wers there of.  dney disease ?  lest done ?		NO NO NO			
ii Are you suffering iii Have you eve answer/s to any/ all of the reby declare that the Forego mation has been with held.	from heart dis from heart dis fr had chest X- above questic bing answers a I do agree tha	pitalon Breathle lease Diabetes Ray, ECG Bloo on is "Yes" subm are given by me at these will from	high or low od sugar Ch it ail relevan after fully un part of the	A and to note the ansest or exertion ? Blood Pressure or killing the ansester or any other of papers with this fronterstanding the que proposal dated ————————————————————————————————————	dney disease ? lest done ? m. stions. They are true	and con	NO NO NO			
ii Are you suffering iii Have you ever answer/s to any/ all of the eby declare that the Foregor mation has been with held.	from heart dis from heart dis er had chest X- above questio	pitaion Breathle lease Diabetes -Ray, ECG Bloom on is Yes' subm	rssness at re high or low od sugar Ch it all relevan	A and to note the ans est or exertion ? Blood Pressure or ki lolesterl or any other It papers with this fro	dney disease ? lest done ? m. stions. They are true	and con	NO NO NO			
ii Are you suffering iii Have you ever answer/s to any/ all of the eby declare that the Foregor mation has been with held.	from heart dis from heart dis fr had chest X- above questic bing answers a I do agree tha	pitalon Breathle lease Diabetes Ray, ECG Bloo on is "Yes" subm are given by me at these will from	high or low od sugar Ch it ail relevan after fully un part of the	A and to note the ansest or exertion ? Blood Pressure or killing the papers with this from the papers with this from the proposal dated	dney disease ? lest done ? m. stions. They are true	and con	NO NO nplete and no o LIC of India			
ii Are you suffering iii Have you ever answer/s to any/ all of the eby declare that the Forego mation has been with held.	from heart dis from heart dis fr had chest X- above questic bing answers a I do agree tha	pitalon Breathle lease Diabetes Ray, ECG Bloo on is "Yes" subm are given by me at these will from	high or low od sugar Ch it ail relevan after fully un part of the	A and to note the ansest or exertion ? Blood Pressure or killing the ansester or any other of papers with this fronterstanding the que proposal dated ————————————————————————————————————	dney disease ? lest done ? m. stions. They are true	and con	NO NO nplete and no o LIC of India			
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E-7 / 636 arera colony near pnb bank new campion School chauraha

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Il Name of life to be assured		PREMWATI KURMI							
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vision	BHOPAL			Branch					
roposal No.	900273	Agent/	Code No.		Dev. Officer Code	No.			
The examinee and signatures on ECC iii The base line must	the person/s intro traings. t be steady The tra	ducing him r	must sign in be pasted o	uard against impersivour presence. Do non a folder. each lead with mining diditionally in deep into	ot use the form sig	s long lead	II If L-III and AVF		
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				A and to note the an	swers there of				
							NO		
i Have you ever hi	ad chest pain. Palpi	ase Dishete	es high or lov	v Blood Pressure or I	idney disease?		NO		
ii Are you suffe	ning from heart disc	Ray ECG B	lood sugar C	holesterl or any other	riest done ?		NO		
If the answer/s to any/ all of	f the above question	is 'Yes' sub	mit ail releva	ant papers with this fr	om.				
I hereby declare that the Fo	venning answers at	e given by n	ne after fully	understanding the qu	estions. They are	rue and con ven by me t			
Date at BHOPAL	on the	20	day of	10	20 2	4 at	9:31 am/pm		
				Signature of the Pa	ithologist				
1				Patholigist Name:					
				Qualification :		M.E.'s Co	de No.:		
	ish Insu			Name & Address o	f the Hospital/Clini	c/Lab ;	-		
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