

Date 19/10/24

To
LIC of India,
Branch Office
353

Proposal No. 2120

Name of the Life to be assured Rajneesh Dubey

The Life to be assured was identified on the basis of Pen 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. GIRISH RAJPAL
MBBS, P.DCC (Dip. Card.)
Reg. No.: MP-12781

The examination / tests were done with my consent.


(Signature of the Life to be assured)

Name:

Reports enclosed:

1. Pmes
2. RVA
3. ECG
7. HB

4. lipid
5. FBS
6. _____
8. _____

Rubber Stamp of TPA



LIFE INSURANCE CORPORATION OF INDIA

ADDENDUM TO FMR

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: Rajneesh Dubey
Age: 62 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? | No | 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:

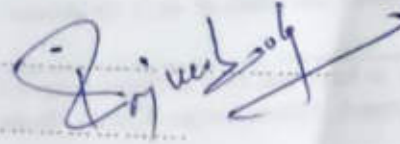
Qualification:

Dr. Girish Rappal
MBBS, PGDCE (Dip. Card.)
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

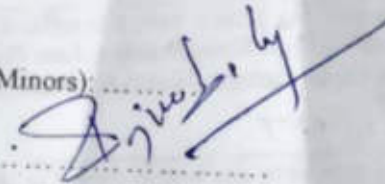
Signature of the life to be assured and being examined:

Name: *Rajneesh Dubey*



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

Name:



Rubber Stamp Of TPA





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

Branch Code: 353
 Proposal/ Policy No: 2120
 MSP name/code : _____
 Date & Time of Examination: 19/10/24
 Medical Diary No & Page No: 1361 01

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: Pen Card ID Proof No. _____
 (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 Gurish Rujpel (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: Rajneesh Dubey
 2 Date of Birth: 27/07/1962 Age: 62 Gender: Male
 3 Height (In cms): 186 Weight (in kgs): 87.47
 4 Required only in case of Physical MER

Pulse : 80/min Blood Pressure (2 readings):
 1. Systolic 135 Diastolic 75
 2. Systolic 135 Diastolic 75

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

| | |
|--|-----------|
| <p>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</p> | <p>No</p> |
| <p>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.</p> | <p>No</p> |
| <p>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 with in last 14 days. If yes provide all investigation and treatment reports</p> | <p>No</p> |
| <p>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?</p> | <p>No</p> |

IO CARE PATH LAB



| | | |
|---|--|-----|
| | 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 | N/A |
| FOR MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY | | Yes |

Declaration

You Mr/Ms Rajneesh 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 19 day of 10 2024 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:
Date:

Bhopal
19/10/24



Signature of Medical Examiner
Name & Co. No. Rajpal
Stamp: MBBS (PDCCC Dip. Card.)
Reg. No. MP-12781

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

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

Divisional office bhopal

BLOOD SUGAR TOLERANCE REPORT

Full Name of life to be assured

Age Sex

Division Branch

Proposal No.

INSTRUCTIONS FOR THE PATHOLOGIST

- The observations should be made in the morning in the fasting state before and after
- The pathologist should indicate the method of blood estimation employed and the
- Each column should be filled in every case.
- Please insist on the proposer signing in your presence. A form on which the proposer has already put his signature should not be used.

| Sasting | Clock | Blood suger | Urine Glucose | Acetions Bodies | Normal Value |
|----------------------------------|---------|-------------|---------------|-----------------|--------------|
| Fasting | 9:41 AM | 81.6 | NIL | NIL | 70-110MG/DL |
| 2 Hours after 75 gms. Of Glucose | | | | | |

Interpretaion -----NORMAL

Method of blood sugar estimation employed -----GOPD

I declare that the person examined/Investigated, signed/affixed 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 on the day of at am/pm

| | |
|---|-----------------------|
| Signature of the Pathologist: | <i>DR. ARUN MATHY</i> |
| Pathologist Name: | MD (PATHOLOGIST) |
| Qualification : | M.E. S Code No. 8836 |
| Name & Address of the Hospital/Clinic/Lab : | |



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

Mr Rajneesh Dubey

PROPOSAL NO-

2120

Age

62

Sex

Female

Division

Bhopal

Branch

1 PHYSICAL EXAMINATION

| | | |
|-------------------|-------------|------|
| (i) Colour | PALE YELLOW | (ii) |
| (ii) Transparency | CLEAR | (iv) |

| | |
|----------|----------|
| Sediment | Absent |
| Reaction | Alkaline |

2 CHEMICAL EXAMINATION

| | | |
|-----------------|--------|------|
| (i) Protein | Absent | (ii) |
| (iii) Bile Salt | Absent | (iv) |

| | |
|---------------|--------|
| Sugar | Absent |
| Bile Pigments | Absent |

3 MICROSCOPIC EXAMINATION

| | | |
|---------------------|--------|------|
| (i) Red Blood Cells | Absent | (ii) |
| (iii) Crystal | Absent | (iv) |
| (v) Casts | Absent | (vi) |

| | |
|-----------------|---------|
| Equithelial Cel | 2-3/HPF |
| Pus Cells | 1-2/HPF |
| 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 on the day of

at

am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Address

DR. ARUN MAITY
MB (PATHOLOGIST)
MGI REG. No. : 8830



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

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

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL MEDICAL REPORT
HAEMOGRAM

Full Name of life to be assured

Mr Rajneesh Dubey

Age

62

Sex

male

PROPOSAL NO

2120

Division

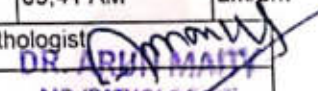
BHOPAL

Branch

| No. | Type of Test | Values | Normal Range |
|-----|---|--------|------------------------|
| 1 | Red Blood Cell Count | | 4.5-6.5 million/cmm |
| 2 | Hb% | 14.1 | 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 | Nil | |
| | Macrocytes | Nil | |
| | Microcytes | Nil | |
| | Hypochromia: | Nil | |
| | Poikilocytosis: | Nil | |
| | Anisocytosis: | Nil | |
| 6 | Target Cell - | Nil | |
| | Spherocytes | Nil | |
| | Eliptocytes : | Nil | |
| 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: | | 1,50000-4.50000 lac. |
| 9 | Erythrocytes Sedimentation rate : | | |
| | (WINTRIOBE)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 19 day of 10 20 24 at 09:41 AM am/pm

Signature of the Pathologist

 Pathologist Name: DR. ARUN MAITY
 Qualification : MD (PATHOLOGIST)
 MGI Reg. No. : 8836
 Address



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462

Divisional office bhopal
LIPIDOGRAM

Full Name of life to be assured

Mr Rajneesh Dubey

PROPOSAL NO-

2120

Age

62

Sex

MALE

Division

BHOPAL

Branch

EXAMINATION OF BLOOD FOR HIV I & II TEST

| S. no. | Type of Test | Actual Reading | Normal |
|--------|--------------------------|----------------|-----------------|
| 1 | Total Cholesterol | 181.9 | UP TO 200 MG/DL |
| 2 | High Density Lipid (HDL) | 42 | 30-70 MG/DL |
| 3 | Low Density Lipid (LDL) | 110.76 | UP TO 130 MG/DL |
| 4 | S. Triglycerides | 145.7 | UP TO 160 MG/DL |
| | | | |

Dated

bhopal

on the

19

day of

10

20

24

at

09:41

am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Name & Address of the Hospital/Clinic/Lab :



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

Mr Rajneesh Dubey

Age

62

Sex

Male

Division

BHOPAL

Branch

Proposal No.

2120

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. 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.
- ii The base line must be steady **The tracing must be pasted on a folder.**
- iii 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 V, shows a tall R-wave, additional lead V₄ R be recorded.

DECLARATION

I 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.

Note: Cardiologist is requested to explain following to L A 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 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.

Date at BHOPAL on the 19 day of 10 20 24 at 09.41 am/pm

| |
|---|
| Signature of the Pathologist: |
| Pathologist Name: <i>Dr. G. D. Singh</i> |
| Qualification: <i>MBBS (P)</i> M.E.'s Code No. _____ |
| Name & Address of the Hospital/Clinic/Lab: <i>Dr. G. D. Singh, Rajpura, Bhopal</i> Reg. No.: <i>MP-12711</i> |



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

Mr Rajneesh Dubey

(A) Measurements

| Height (Cm) | Weight (Kg) | Blood Pressure | Pulse |
|-------------|-------------|----------------|-------|
| 186 | 87 | 135/75 | 97 |

(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 | 97/MIN | T-wave | NORMAL |
| Ventricular Rate | 97/MIN | Q-Wave | NORMAL |
| Rhythm | REGULAR | | |
| Additional findings. If any | NO | | |

Conclusion :

WNL

Date at

BHOPAL

on the

19

day of

10

20

24 at

09:41

am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Name & Address of the Hospital/Clinic/Lab :



Dr. Gursah Rajpal
MBBS, PGCC (Card.)
Reg. No. 12781
M.E.'s Code No.:



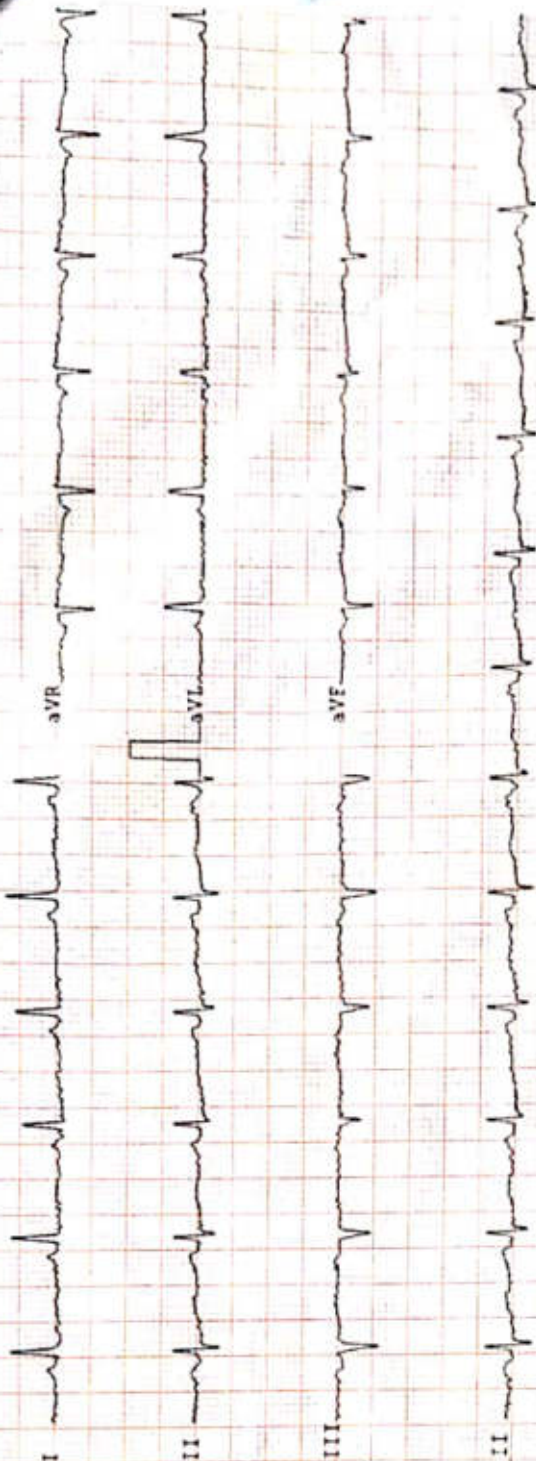
Patient Information :-

ID:
 Name: **Rajneesh Dubey**
 Age Y/M: **62 / M** Gender: **Male**
 Height: Kg.
 BP:
 Smoker:
 Time/Date: **03:08:08**
Dr. Girish Rajpal
 MBBS, PGCC (Dip. Card.)
 ECG Setting Reg No.: **MP-12781**

19-10-24

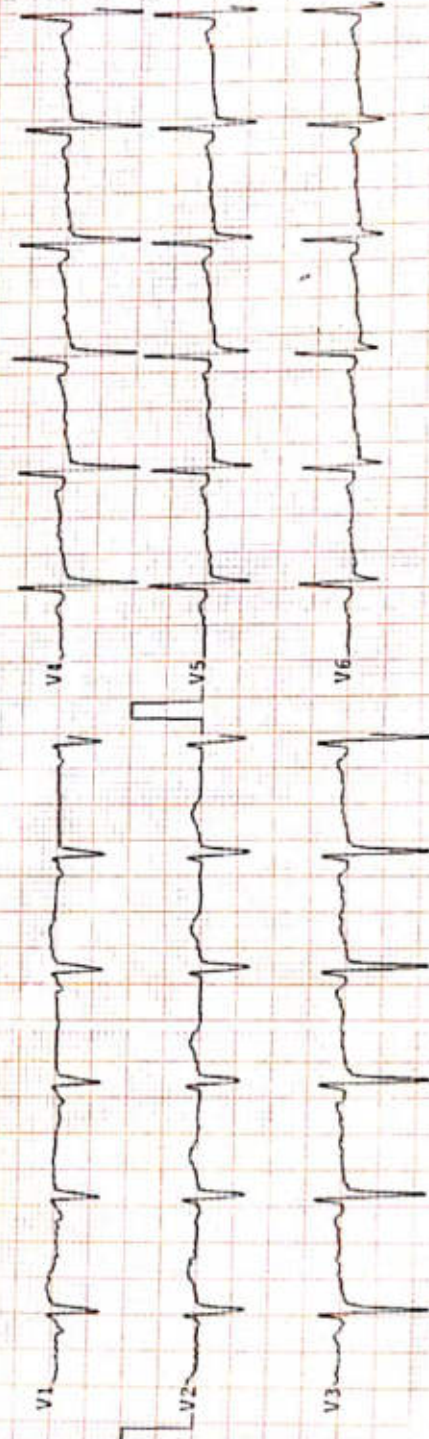
Printing Mode: **AUTO**
 Gain: **10** mm/mV
 Speed: **25** mm/Sec
 Filter: **35** Hz
 Notch: **ON**
 Rhythm Lead: **II**

ALLENGERS PISCES-A-103 (Ver-2.0)



Observations :-

HR :- 97 bpm
 R-R :- 614 ms
 P-R :- 078 ms
 QRS :- 59 ms
 QT/QTc :- 274/349 ms
 P Axis :- 18°
 R Axis :- 00°
 T Axis :- 00°



Dr. GIRISH RAJPAL
 MBBS, PGCC (Dip. Card.)
 Reg. No. **MP-12781**

(Signature)

Remarks :-

Unconfirmed report

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
 Permanent Account Number Card

AAVPD5422A

नाम / Name
RAJNEESH DUBEY

पिता का नाम / Father's Name
SHRIRAM DUBEY

जन्म की तारीख / Date of Birth
27/07/1962

हस्ताक्षर / Signature

20042017



Rajneesh Dubey
Rajneesh Dubey

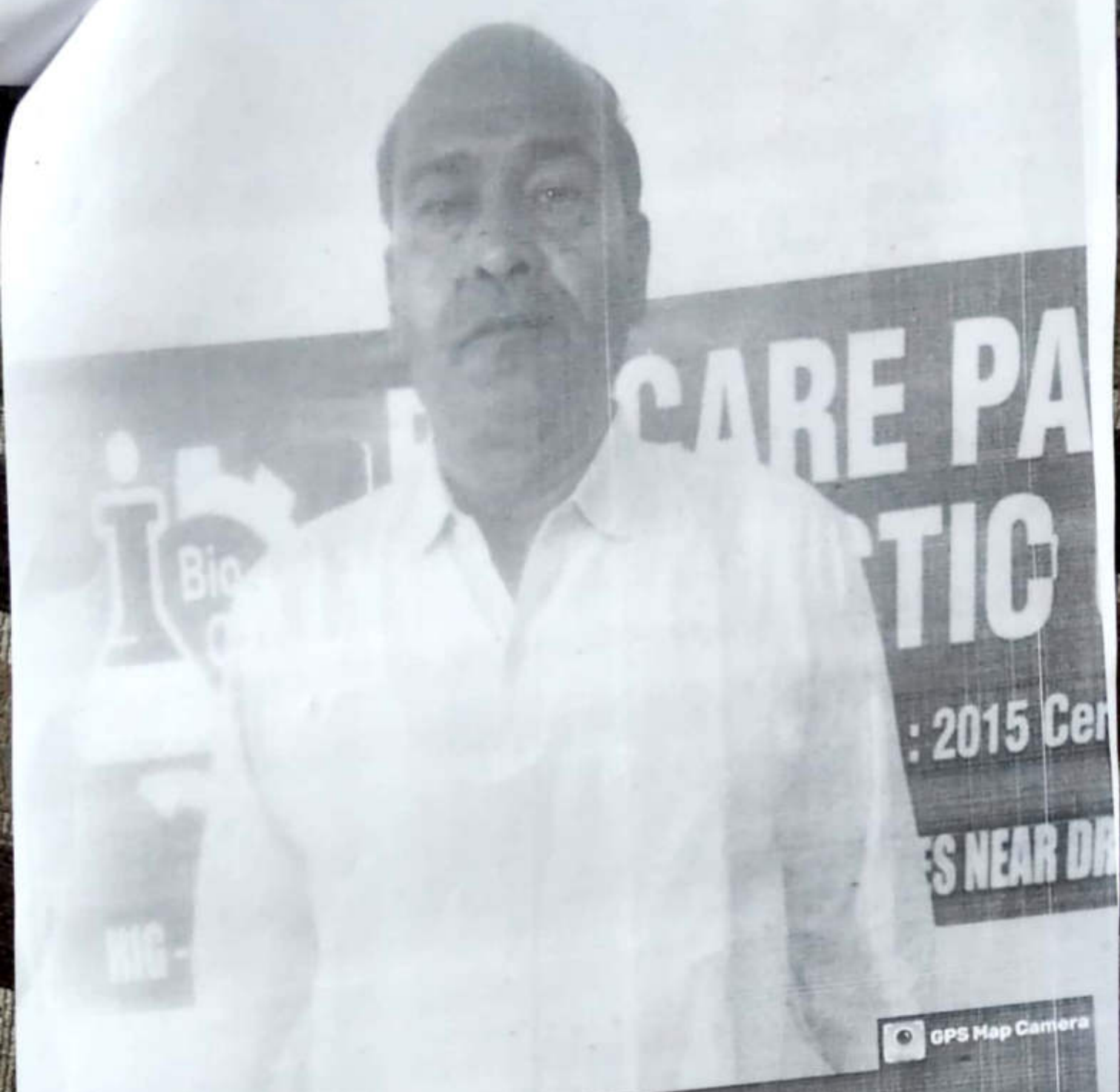
Dr. Gupsh Rajpal
 MBBS, PGCC (Op. Card.)
 Reg. No. MP-12781



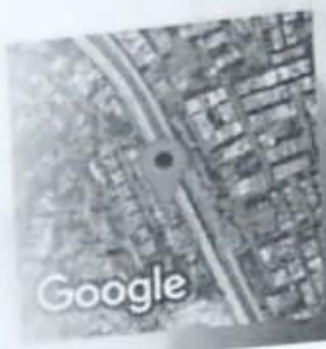
इस कार्ड को खोने / जाने पर कृपया सूचित करें / लौटाने।
 आयकर पैन सेवा इकाई, एनएसडीएल
 5^{थी} मंजिल, मन्त्री स्टर्लिंग, प्लॉट नं 341, सर्वे नं 997/8,
 मॉडल कॉलोनी-8, दीर्घबंगला चौक के पास,
 पुणे - 411 016

If this card is lost / someone's lost card is found,
 please inform / return to:-
 Income Tax PAN Services Unit, NSDL
 5th floor, Mantri Sterling,
 Plot No. 341, Survey No. 997/8,
 Model Colony, Near Deep Bangalw Chowk,
 Pune - 411 016

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
 e-mail: tinanfo@nsdl.co.in



GPS Map Camera



Bhopal, Madhya Pradesh, India
Hig 23 Shivaji Nagar near drashti care eye hospital, In front of Sargam talkies, No 6 Locality, Shivaji Nagar, Bhopal, Madhya Pradesh 462016, India
Lat 23.228175°
Long 77.434627°
19/10/24 09:41 AM GMT +05:30

Dr. Grish Rajpal
MBBS, PGDCC (Op. Card.)
Reg. No. : MP-12781

