

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

Date 25/10/24

To
LIC of India,
Branch Office
230

Proposal No. 1069
Name of the Life to be assured Shafali Gupta

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.

Signature of the Pathologist / Doctor MD.
Name: Dr. Deepika Agrawal
Consultant Pathologist

The examination / tests were done with my consent.

(Signature of the Life to be assured)

Name: Shafali

Reports enclosed:

- | | |
|----------------|---------------|
| 1. <u>PMER</u> | 4. <u>RUA</u> |
| 2. <u>FBS</u> | 5. _____ |
| 3. <u>ECG</u> | 6. _____ |

Rubber Stamp of TPA



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: Shelali Gupta
Age: 5114 Sex: F 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	
(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	
(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 had 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?	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: _____
Dr. Deepika Agrawal
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 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: _____

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: 230
Proposal/ Policy No: 1069
MSP name/code :
Date & Time of Examination: 25/10/24
Medical Diary No & Page No: 1365 01

Mobile No of the Proposer/Life to be assured _____
Identity Proof verified: Aadhar card ID Proof No. 9206
(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 Deepika Aggarwal (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: <u>Shefali Gupta</u>		
2	Date of Birth: <u>06/06/1973</u>	Age: <u>51/4</u>	Gender: <u>F</u>
3	Height (In cms): <u>156</u>	Weight (in kgs) : <u>78</u>	
4	Required only in case of Physical MER		
	Pulse : <u>72/min</u>	Blood Pressure (2 readings):	
		1. Systolic <u>126</u>	Diastolic <u>80</u>
		2. Systolic <u>126</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 with in last 14 days. If yes provide all investigation and treatment reports	No
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?	No

	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, heartattack , 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	NO
FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY		Yes

Declaration

You Mr/Ms Shweta Gupta 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.

Gali

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 15 day of 10 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the questions as ascertained from the life to be assured.

Place:
Date:

BHOPAL
25/10/24



Dr. Deepika Agrawal
MBBS, MD.
Consultant Pathologist
Signature of Medical Examiner
Name & Code No:
Stamp: Dr. Deepika Agrawal
Consultant Pathologist

DIWAKAR DIONOSTIC 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

SHEFALI GUPTA

Age

51/Y

Sex

FEMALE

Division

BHOPAL

Branch

230

Proposal No.

1069

INSTRUCTIONS FOR THE PATHOLOGIST

Sasting	Blood suger	Urine Glucose	Acetions Bodies	Normal Value
Fasting	89.3	NIL	NIL	70-110MG/DL
2 Hours after 75 gms. Of Glucose				

Interpretai

Method of blood I declare that the person examined/In vestingated, Dated

Bhopal

on the

25

day of

10

20

24

at

10:24

am/pm

Signature of the Pathologist:

Patholigist Name:

Qualification : M.E.'s Code No.:

Name & Address of the Hospital/Clinic/Lab :

Dr. Deepika Agrawal
MBBS, MD.
Consultant Pathologist



DIWAKAR DIONOSTIC CENTRE

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

Divisional office bhopal

ROUTINE URINE ANALYSIS

Full Name of life to be assured

SHEFALI GUPTA

PROPOSAL NO- 1069

Age 51 Y

Sex FEMALE

Division Bhopal

Branch 230

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 EXAMINATIC

(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

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 Bhopal on the 25 day of

10 20 24 at 10:24 am/pm

Signature of the Pathologist:
 Pathologist Name: *Dr. Deepika Agrawal*
 Qualification : MBBS, MD.
 Address: Consultant Pathologist



DIWAKAR DIAGNOSTIC CENTRE

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

Divisional office bhopal
ELECTROCARDIOGRAM

Full Name of life to be assured

SHEFALI GUPTA

Age 51/Y

Sex

FEMALE

Division

BHOPAL

Branch

230

Proposal No.

1069

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 traings.
- ii The base line must be steady The tracing must be pasted on a folder.
- iv 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 V, 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 with held. I do agree that these will from 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. Palpitaion. 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 Cholesterl or any other lest done ?

NO
NO
NO

If the answer/s to any/ all of the above question is 'Yes' submit ail relevant papers with this from.

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 with held. I do agree that these will from part of the proposal dated _____ given by me to LIC of India.

Date at BHOPAL on the 25 day of 10 20 24 at 10:24 am/pm

Signature of the Pathologist:	
Pathologist Name:	Dr. Arvind Kumar
Qualification :	M.B.B.S. D.C.C. (Dip Clinical Cardiology) Non Invasive Clinical Cardiology Association
Name & Address of the Hospital/Clinic/Lab :	



DIWAKAR DIAGNOSTIC CENTRE

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

Divisional office bhopal

Full Name of life to be assured

SHEFALI GUPTA

(A) Measurements

Height (Cm)	Weight (Kg)	BP	Pulse
156 CM	78 KG	126/80	76/MIN

(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	76/MIN	T-wave	NORMAL
Ventricular Rate	76/MIN	Q-Wava	NORMAL
Rhythm	REGULAR		
Additional findings. If any	NO		

Conclusion :

WNL

Date at

BHOPAL

on the

25

10

20

24

at

10:24

AM

Signature of the Pathologist:

Dr. Arvind Kumar

MBBS, PGDCC (Din Clinical Cardiology)

Pathologist Name:

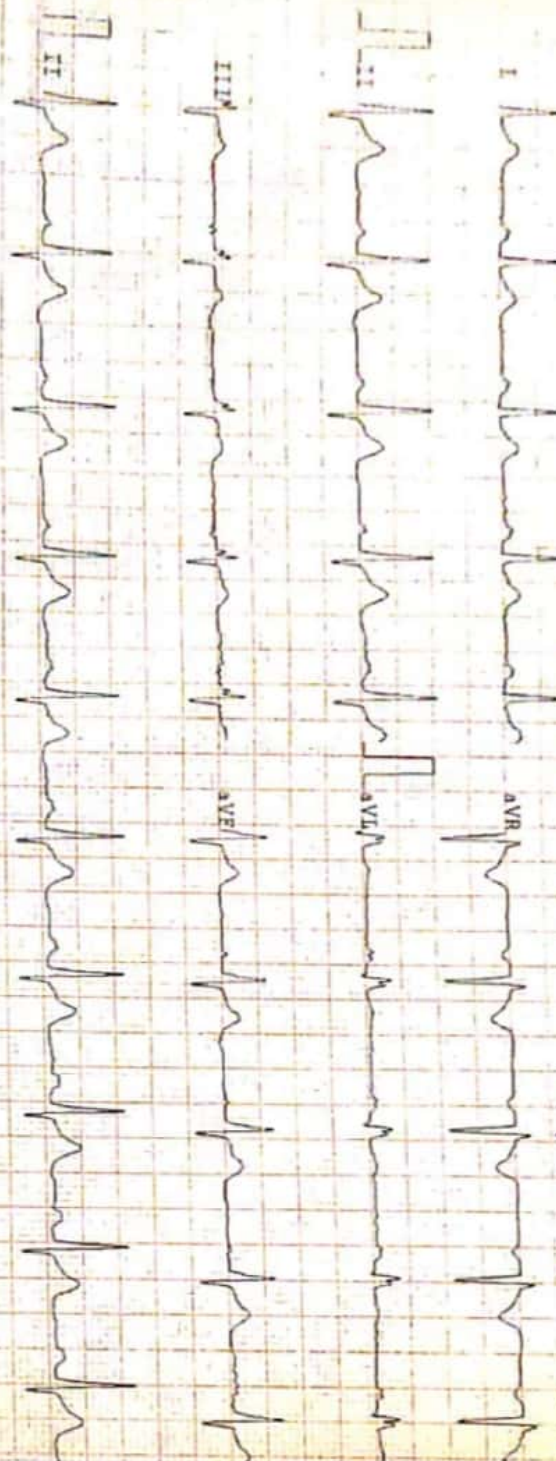
Non Invasive Clinical Cardiology Association

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Name & Address of the Hospital/Clinic/Lab :



Shafali Gupta Age - 511/f/f 25/10/24



Observations :

HR :- 76 bpm
 P-R :- 187 ms
 QRS :- 84 ms
 QT/QTc :- 313/354 ms
 P Axis :- 20 °
 R Axis :- 03 °
 T Axis :- 31 °



Dr. Arvind Kumar

MBS, FCDCC (Dip Clinical Cardiology)
 Non Invasive Clinical Cardiology Association

Remarks :

Shafali

Ref: 517 / 21C / 586423 / 586895 / P



SH314585393DF



आपका आधार क्रमांक / Your Aadhaar No :

~~7803 8675~~ 9206

आधार – आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA



शेफाली गुप्ता
Shefali Gupta

जन्म वर्ष / Year of Birth : 1973
महिला / Female



~~7803 8675~~ 9206

Dr. Deepika Agrawal
MBBS, MD.
Consultant Pathologist



gali



Dr. Deepika Agrawal
MBBS, MD.
Consultant Pathologist

