



भारत सरकार

Government of India



नकुल अग्रवाल

Nakul Agarwal

जन्म तिथि/DOB: 30/08/1994

पुरुष/ MALE

Issue Date: 03/04/2014



4476 9171 5298

VID : 9109 9541 5595 3455

मेरा आधार, मेरी पहचान

Green Park Diagnostics

G-43, Green Park Main Market, New Delhi-110016

Ph.:011-26537881
011-41759058

- यहां पर प्रसव पूर्व (लिंग पैदा होने से पहले लड़का या लड़की) की पहचान नहीं की जाती। यह दण्डनीय अपराध है।
- बच्चे की लिंग के लिए पुछना/मांग करना पीसी और पीएनडीटी अधिनियम के तहत दण्डनीय अपराध है।
- Here Pre-Natal Examination and Disclosure of Sex (Boy or Girl) of Foetus is not done. It is prohibited under law.
- SEEKING / ASKING THE SEX OF CHILD IS ALSO A PUNISHABLE OFFENCE UNDER PC AND PNDT ACT.
- In case of any query under PC & PNDT Act

Contact: [Redacted] Authority (South Distt.)
Address: [Redacted] Delhi - 110068
Tel: [Redacted]



G-43, Block G, Green Park
Extension, Green Park, New Delhi,

Lat: 28.557488, Long: 77.202882

08 Sep 24, 02:10 PM, Monday



30°



87 E

Date: 08/10/24

To,
LIC of India
Branch Office

Proposal No. 4501

Name of the Life to be assured NAKUL AGARWAL

The Life to be assured was identified on the basis of S298. AADHM

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.

Kusum Lata
DR. KUSUM LATA
MBBS, M.D. (PATH)
DMC No.: 7899
Green Park Diagnostics

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.

(Signature of the Life to be assured)

Name of life to be assured:



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%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of Health Assure PVT LTD _____

Authorized Signature,





भारतीय आसुरिमा महामंडळ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
मुंबई विभाग-1/मुंबई संसद-1/मुंबई DIVISION-1

पुस्तक संख्या
Book No. A

998

फार्म संख्या
Form No.

050

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

Branch Code:

Proposal/ Policy No: 4501

MSP name/code :

Date & Time of Examination: 08/10/24, 2 PM

Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured : 9808143800
Identity Proof verified: AADHA ID Proof No. 5298-1-

(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. KUSUM JATA (Name of the Medical Examiner) is for conducting my 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>NAKUL AGARWAL</u>		
2	Date of Birth: <u>30/08/1994</u>	Age: <u>30</u>	Gender: <u>m.</u>
3	Height (In cms): <u>180</u>	Weight (in kgs): <u>75 kg</u>	
4	Required only in case of Physical MER	Blood Pressure	Systolic
		(1 readings)	<u>124</u>
		(2 readings)	<u>124</u>
	Pulse : <u>70/w</u>		<u>80</u>
			<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 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 ?	<u>NO</u>
	b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident ?	<u>NO</u>
	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 -	<u>NO</u>
	i. Date of surgery/accident/injury/hospitalisation	<u>NO</u>
	ii. Nature and cause	<u>NO</u>
	iii. Name of Medicine	<u>NO</u>
	iv. Degree of impairment if any	<u>NO</u>
	v. Whether unconscious due to accident, if yes,give duration	<u>NO</u>

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.	<u>NO</u>
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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), Rhinorrhoea (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	<u>H10 COVID, June 2022 - 3-4 days Have recovered</u>
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8	a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine ?	NO
	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	NO
	d. Whether developed any complications due to diabetes ?	NO
	e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?	NO
	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?	NO
	b. Whether suffering from high cholesterol ?	NO
	c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.	NO
	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, thalassaemia 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/ab normality 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/ Psychosis or any other Mental / psychiatric disorder ?	NO
	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, 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
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	NA

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

Yes



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Declaration

I, Mr/Ms NAKUL AGARWAL declare that I have fully understood the questions asked to me during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. I 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 08 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: N. Delhi
Date: 08/10/24
Stamp:

DR. KUSUM LATA
MBBS, M.D. (PATH)
DMC No.: 7889
Green Park Diagnostics
Signature of Medical Examiner
Name & Code No:



भारत सरकार
Government of India

आधार

Issue Date: 03/04/2014



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Nakul Agarwal
जन्म तिथि/DOB: 30/08/1994
पुरुष/ MALE

~~5298~~ 5298
VID : 9109 9541 5595 3455

मेरा आधार, मेरी पहचान

[Handwritten Signature]
DR. KUSHM LATA
MBBS, MD (PATH)
DMC No.: 7889
Green Park Diagnostics

