LIFE INSURANCE CORPORATION OF INDIA

JUVENILE FMR

Zone : NORTHERN Division : Delhi D.O.-II Branch

Proposal No. 7148

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

Name of the child: (Master/ Miss) DIYA ARORA				
Mark of identification: Mole/Scar/any other (specify location) Ho				
Current ID provided	Student	Passport	Latest School Report Card	Others(specify) UID- 7700
Age of the child: 14 ~~Years~~/Months 05			SEX: M ☐ / F ☑	
Birth History: FTND / Forceps / Caesarean/ Other (Please tick the relevant) Normal				

A. Details of Physical Examination

For all children:

Height of the child: 156 cms Weight of the child: 44 kgs

Pulse and character 64/M Blood Pressure 110/74 mm of Hg

Presence of any congenital defects or abnormalities: Yes / ~~No~~

(If yes, please provide details)

For Children Below 2 yrs:

Head Circumference 48 cms Chest Circumference 69 cms

B. Medical History:

1) Is the proposed insured presently in good health?	Yes ☑ / No ☐
2) Does the proposed insured have any physical and mental handicap or deformity?	Yes ☐ / No ☑ If yes provide details:
3) Has the proposed insured been hospitalized and/or has been advised for any treatment/surgery and/or has undergone any general checkup in the last five years?	Yes ☐ / No ☑ If yes provide details of the tests conducted and treatment if any.
4) Has the proposed insured ever been treated or hospitalized for any Heart ailment/cancer/ kidney disorder/ epilepsy/ mental disorder/ diabetes/ musculoskeletal disorder/ blood disorder/ respiratory disorder like Bronchitis or Asthma/congenital or hereditary disorder	Yes ☐ / No ☑ If yes provide details:
5) Is the child's behavior / appearance / mental ability in line with his current age?	Yes ☑ / No ☐ If no provide details:
6) If school going, has proposed insured taken any sick leave from school in the last 2 years?	Yes ☐ / No ☑ If yes provide details:
7) Please give details of proposed insured's family history : Is any family member/s either suffering or have suffered or have died from heart disease, thallassaemia, cancer, kidney disease, any other hereditary / familial disorders	Father: Mother : Sibling 1 Ho Sibling 2

C. Immunization History: (Mandatory for ages < and equal to 5 yrs)

Vaccinated for			
1. OPV:	Yes ☑ / No ☐	2. DPT:	Yes ☑ / No ☐
3. BCG:	Yes ☐ / No ☐	4. Hepatitis B:	Yes ☐ / No ☑
5. Mumps, Measles, Rubella:	Yes ☐ / No ☑	6. Typhoid (above 1 Yr):	Yes ☐ / No ☑

IRINE DIAGNOSTIC DELHI

7. Hepatitis A (Above 1 Yr) : Yes ☐ / No ☑			

D. Medical Examination

Do you find any evidence of abnormality, disease or surgery of:			If yes please elaborate
1) the respiratory system?	☐ Yes	☑ No	
2) the central and peripheral nervous system?	☐ Yes	☑ No	
3) the genito urinary system?	☐ Yes	☑ No	
4) the abdominal organs?	☐ Yes	☑ No	
5) the head, face, mouth, throat, eyes, ears ,nose and neck?	☐ Yes	☑ No	
6) the skin, muscles, bones and joints?	☐ Yes	☑ No	
7) The Cardiovascular system:			
a) Are the peripheral pulses abnormal?	☐ Yes	☑ No	
b) Is there any evidence of heart enlargement?	☐ Yes	☑ No	
c) Are there murmurs or abnormal heart sounds?	☐ Yes	☑ No	
d) Do you suspect any abnormality of the cardiovascular system?	☐ Yes	☑ No	

Declaration by the parent accompanying the child:

I hereby confirm that all facts regarding the child as recorded by the doctor are true and complete.

Signature of the parent: _____ Name of the parent MOHA ARORA

Doctor's Declaration (MOTHER)

- I hereby confirm that I have, this day, examined the above individual personally, in private and recorded the above information in my own handwriting. I certify that I have personally recorded the history as informed by the examinee/parent accompanying the child.
- Place of Examination: Clinic ☐ Examinee's Residence ☑
- I declare that the examinee has signed/affixed his/her thumb impression in my presence.

Dated at Gurugram on the 12 day of 10 2024 at 9:15 a.m./p.m.

Riya

Signature / thumb impression of the examinee

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

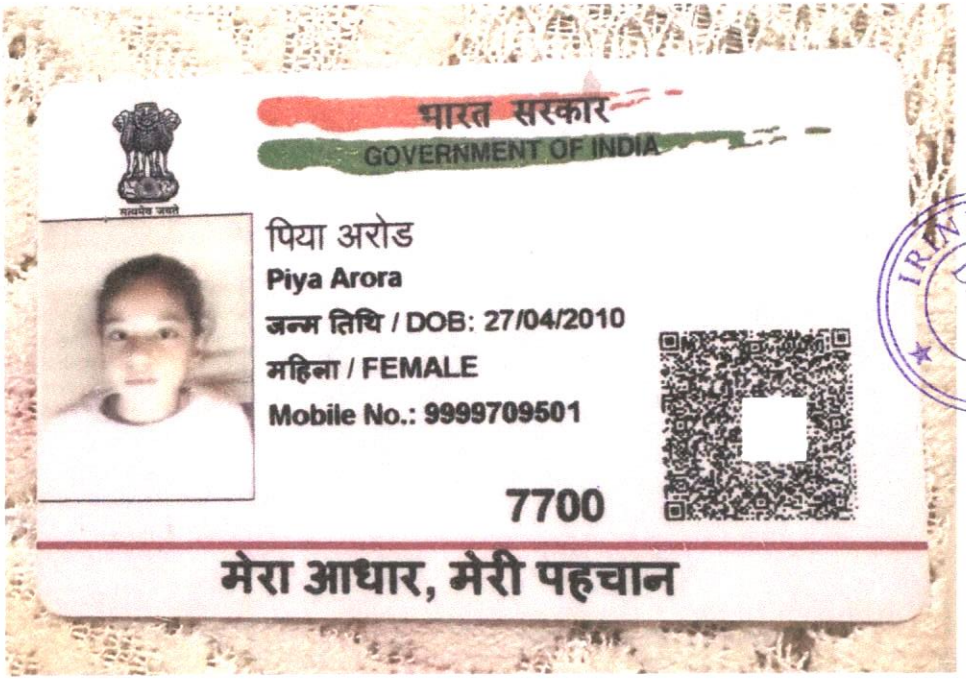
Signature of the Medical Examiner
Name & Address
Qualification
Code:
Limit

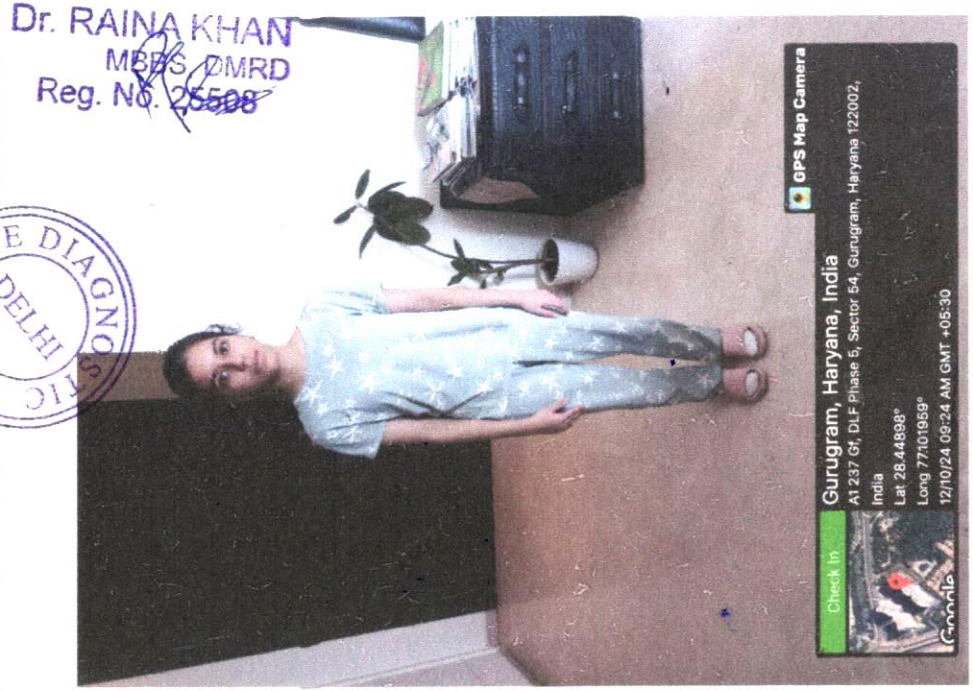
IRINE DIAGNOS DELHI

Confidential Comments from Doctor

Are there any points on which you suggest further information be obtained? YES ☐ NO ☑

- For physical investigations No
- For mental level assessment No


भारत सरकार
GOVERNMENT OF INDIA
पिया अरोड
Piya Arora
जन्म तिथि / DOB: 27/04/2010
महिला / FEMALE
Mobile No.: 9999709501
7700
मेरा आधार, मेरी पहचान


Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508
IRENE DIAGNOSTIC
DELHI
GPS Map Camera
Gurugram, Haryana, India
A1 237 GF, DLF Phase 5, Sector 54, Gurugram, Haryana 122002, India
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Long 77.101959°
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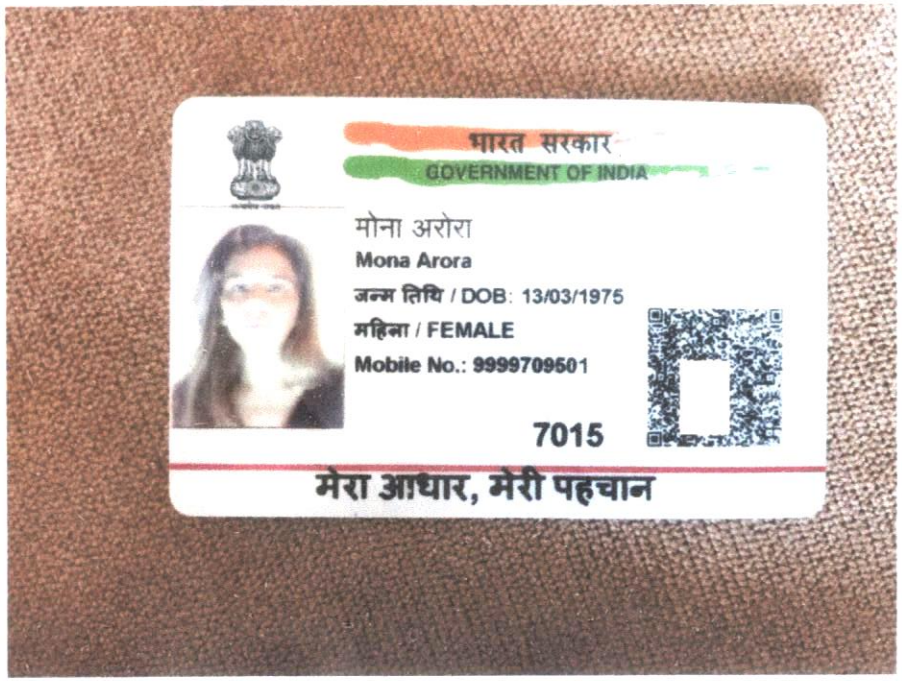
भारत सरकार
GOVERNMENT OF INDIA
मोना अरोरा
Mona Arora
जन्म तिथि / DOB: 13/03/1975
महिला / FEMALE
Mobile No.: 9999709501
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