

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

Date 20/10/24

To  
LIC of India,  
Branch Office

35D  
Proposal No. 900273

Name of the Life to be assured Priemwati Kurmi

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

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

The examination / tests were done with my consent.

श्रीमति प्रेम वती कुर्मी  
(Signature of the Life to be assured)

Name:

**Reports enclosed:**

- PMET
- Lipid
- FBS

- RUA
- Hb
- ECG

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: Bhemwari Kurmi  
Age: 56/4 Sex: M 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, Hemia, 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: \_\_\_\_\_ Agrawal

Address: \_\_\_\_\_ MBBS, MD.

Consultant Pathologist  
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: श्रीमति प्रेमवती कुर्मी

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: 350  
Proposal/ Policy No: 900273  
MSP name/code :  
Date & Time of Examination: 20/10/24  
Medical Diary No & Page No: 1364 02

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof verified: PAN CARD ID Proof No. ATOPK2853L  
( 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 Agrawal (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

श्रीमती प्रेमवती कुर्मी

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

Premwati kurmi

1 Full name of the life to be assured: \_\_\_\_\_  
2 Date of Birth: 30/12/1967 Age: 56/Y Gender: F  
3 Height (In cms): 150 Weight ( in kgs ) : 50  
4 Required only in case of Physical MER

Pulse : 70/min Blood Pressure (2 readings):  
1. Systolic 128 Diastolic 80  
2. 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 <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> 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 <b>diagnostic tests</b> ? Please specify date , reason ,advised by whom & findings.	NO
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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, 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 <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> 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 <b>endocrine disorders</b> 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, <b>heart attack</b> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <b>high cholesterol</b> ? 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 <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any <b>physical impairment/ disability</b> /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 <b>disorder of the Stomach</b> / 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 <b>Mental / psychiatric disorder</b> ? 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 <b>abnormality</b> 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 <b>HIV /AIDS/Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	No
<b>For Female Proponents only</b>		
i.	Whether pregnant? If so duration.	No
ii.	Suffering from any pregnancy related complications	No
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
<b>FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY</b>		Yes

You Mr/Ms Prernwati Kusmi 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)

*Prernwati Kusmi*

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



Dr. Deepika Agrawal  
Signature of Medical Examiner  
Name & Stamp: Consultant Pathologist

Chauraha

# 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

Division

BHOPAL

Branch

Proposal No.

900273

### INSTRUCTIONS FOR THE PATHOLOGIST

- Ø The observations should be made in the morning in the fasting state before and after
- Ø The pathologist should indicate the method of blood estimation employed and the
- Ø Each column should be filled in every case.
- Ø 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	9:31 AM	90.1	NIL	NIL	70-110MG/DL
2 Hours after 75 gms. Of Glucose					

Interpretation -----NORMAL

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

I declare that the person examined/investigatged, 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

20

day of

10

20

24

at

9:31

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 DIAGNOSTIC CENTRE

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

Divisional office bhopal  
LIPIDOGRAM

Full Name of life to be assured **PREMWATI KURMI**

PROPOSAL NO- **900273** Age **56/Y** Sex **FEMALE**

Division **BHOPAL** Branch

### EXAMINATION OF BLOOD FOR HIV I & ii TEST

S. no	Type of Test	Actual Reading	Normal
1	Total Cholesterol	159.3	UP TO 200 MG/DL
2	High Density Lipid (HDL)	45.2	30-70 MG/DL
3	Low Density Lipid (LDL)	87.32	UP TO 130 MG/DL
4	S. Triglycerides	133.9	UP TO 160 MG/DL

I declare that the person examined/investigating, 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 **bhopal** on the **20** day of **10** **20** **24** at **9:31**  am/pm

Signature of the Pathologist: **Dr. Deepika Agrawal**  
Pathologist Name: **MDS, MD.**  
Qualification: **Consultant Pathologist**  
M.E.'s Code No.:  
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

## ROUTINE URINE ANALYSIS

Full Name of life to be assured

PREMWATI KURMI

PROPOSAL NO-

900273

Age

56/Y

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 EXAMINATIC

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

Equithelial Cel	1-3/HPF
Pus Cells	1-4/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 Bhopal on the 20 day of

10 20 24 at

9:31 am/pm

Signature of the Pathologist:

Pathologist Name: Dr. Deepika Agrawal

Qualification : MDS, MD.

Address Consultant Pathologist





# DIWAKAR DIAGNOSTIC CENTRE

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

## LIFE INSURANCE CORPORATION OF INDIA SPECIAL MEDICAL REPORT HAEMOGRAM

Full Name of life to be assured

PREMWATI KURMI

Age

56/Y

Sex

FEMALE

PROPOSAL NO

900273

Division

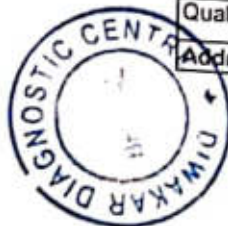
BHOPAL

Branch

No.	Type of Test	Values	Normal Range
1	Red Blood Cell Count		4.5-6.5 million/cmm
2	Hb%		12-17 GMS%
3	Hematocrit	12.1	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		
	Macrocytes	Nil	
	Microcytes	Nil	
	Hypochromia:	Nil	
	Poikilocytosis:	Nil	
	Anisocytosis:	Nil	
6	Target Cell -	Nil	
	Spherocytes:	Nil	
	Eliptocytes :	Nil	
7	White Blood Cells	Nil	
	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:		1,50,000-4,50,000 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 20 day of 10 20 24 at 9:31 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

PREMWATI KURMI

Age

56/Y

Sex

FEMALE

Division

BHOPAL

Branch

Proposal No.

900273

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.
- ii 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 trainings.
- iii 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 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 LA 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 20 day of 10 20 at 24 at 9:31 am/pm

Signature of the Pathologist:
Pathologist Name:
Qualification : M E's Code No.:
Name & Address of the Hospital/Clinic/Lab :

Dr. Arvind Kumar

MBS, MD (Dip Clinical Cardiology)

Invasive Clinical Cardiology Association



# 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

PREMWATI KURMI

(A) Measurements

Height (Cm)	Weight (Kg)	Blood Pressure	Pulse
150CM	50KG	128/80	73/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	73/MIN	T-wave	NORMAL
Ventricular Rate	73/MIN	Q-Wava	NORMAL
Rhythm	REGULAR		
Additional findings. If any	NO		

Conclusion :

WNL

Date at BHOPAL on the 20 day of 10 20 24 at 09:31 am/pm



Signature of the Pathologist:	
Pathologist Name:	
Qualification :	M.E.'s Code No.:
Name & Address of the Hospital/Clinic/Lab :	



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

PREMWATI KURMI

CHANDU LAL PATEL

30/12/1967

Permanent Account Number

ATOPK2853L

श्रीमति प्रेमवती कुर्मी

Signature



Dr. Deepika  
M.B.B.S., M.D.  
Consultant Pathologist

श्रीमति प्रेमवती कुर्मी





**Dr. Deepika Agrawal**  
MBBS, MD.  
Consultant Pathologist

