

ICICI Prudential Life Insurance Co. Ltd.

Propsoal No	OP01148362	Life to be Assured (LA)	Aditya Jha
Ins Test Remark	H1C,COT,AUS,S12,CBC,ECG,HV1,MER,RUA		
HI Test Remark	ICICI--Cat-6 with S12 + H1C,COT		

FRS Details

Confidence	100%	Similarity	97.99%
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MEDICAL EXAMINATION REPORT (MER)

Application No.: OPO1148362

Examinee Name (Mr.) Mrs./Ms. ADITYA JHA

This report is strictly confidential & should NOT be discussed/revealed/handed over in original or photocopy to anyone.

Examination Date: 05/07/25

Place: - Clinic

Residence/Office

Time: 8:40 AM

Mark Of Identification: Mole/Scar /Any Other (Specify location)

None

Date of Birth: 09 DD 08 MM 1999

Gender: Male

Female

Examinees Contact no.

Photo ID checked: Passport / Election ID / Pan Card / Driving License / Credit Card with photo / Recognized Club card / Co. ID card / Any other ADHAR Details of photo ID checked XXXX 2720

Measurements:

Height: 176 cms Weight: 81 kgs Waist: 86 cms Hip: 90 cms

Blood Pressure: Initial 130 Systolic / 88 Diastolic

(If >140/90, pls record 3 reading with intervals of 5 mins each)

1. _____ 2. _____ 3. _____

Pulse rate and character: 78 BPM

Habits & Addictions:

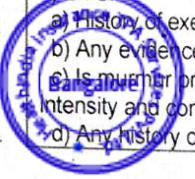
TYPE	QUANTITY PER	DURATION
(DAY/WEEK/MTH)		
Cigarettes/Beedis/Cigar	<u>NO</u>	_____
Gutkha/Snuff/Paan etc	<u>NO</u>	_____
Beer/Wine/Hard Liquor	<u>NO</u>	_____

Family History & Health Status:

RELATION	AGE IF LIVING	HEALTH STATUS
FATHER	<u>63</u>	<u>Healthy</u>
MOTHER	<u>59</u>	<u>Healthy</u>
BROTHER (s)	<u>31</u>	<u>Healthy</u>
SISTER (s)	<u>37</u> <u>35</u> <u>32</u>	<u>Healthy</u>

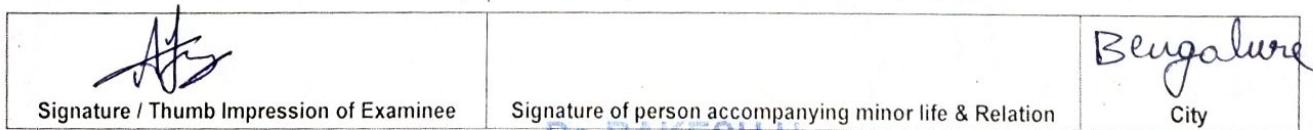
If answers to any of the questions below are "Yes", please provide details for each condition as follows: 1) Question No; diagnosis & date of diagnosis. 2) Name & Address of the treating doctor / hospital. 3) Duration of illness/ injury and date of recovery. 4) Is the examinee still under treatment? 5) Nature of test/s done and results.

PLEASE TICK THE RELEVANT BOXES		YES	NO	IF YES, DETAILS
1) Are you the examinee's medical attendant? If yes, since _____ year(s).		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2) a) Is there any abnormality or deformity or disorder in general appearance? b) Describe Build - Normal / thin / muscular / obese / stocky c) Has there been any significant weight gain or weight loss recently?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3) Whether in the past, the examinee: a) Has been hospitalized for Accident/ Medical treatment / Surgery (If Yes, details pls) b) Has he undergone any Path tests (Including HIV and HBsAg) / Radiological tests / Cardiological tests / USG / 2 D Echo / CT scan/MRI/Mammogram or any other tests (Please specify date/reason/ findings) c) Underwent surgery , if yes, please specify: i) The year and nature of operation & diagnosis ii) Location of the scar, size & condition of the scar. iii) Degree of impairment, if any		<input type="checkbox"/>	<input checked="" type="checkbox"/>	constant
4) Has the examinee or his / her spouse been tested positive or is under treatment for HIV / AIDS / Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	If answer is yes, please provide details as per the questions mentioned above
5) Mouth, Eyes, Ears, Nose and Throat: a) Is there any evidence of oral cancer or leukoplakia? b) Any history of ear discharge / perforation / nose bleed or any other ear / nose / throat abnormality c) Any history of error of refraction or evidence of eye / retinal abnormality or Cataract		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Kindly attach separate sheet for details, if required)
6) a) Is there any history of seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches? b) Is there any evidence of paresis, paralysis, abnormal gait, speech, wasting, involuntary movements, pupillary reflexes?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7) CVS: a) History of exertional dyspnoea, arrhythmia, peripheral vascular disease? b) Any evidence of gallop, carotid bruit, raised JVP, pedal edema, gross pallor? c) Is murmur present? If yes, please give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d) Any history of Stenting, PTCA, CABG, Open Heart Surgery?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	



PLEASE TICK THE RELEVANT BOXES	YES	NO	IF YES, DETAILS
8) a) Any history of breathlessness, wheezing cough, bronchitis, asthma, TB? b) Any evidence of rhonchi, rale, emphysema?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9) a) Is the examinee on treatment for hypertension? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? b) Is there any evidence of end organ damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10) a) Is examinee suffering from Diabetes? If yes, mention medication and duration of Rx? How is the control? Any other risk factors? b) Is there any evidence of end organ damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11) GI System - Is there: a) Any history of hernia, disease of liver, gall bladder (like stones etc.), pancreas, stomach, intestines? b) Any evidence of organomegaly in abdominal pelvis &/or presence of free fluid c) Any history of piles, fissure, fistula, ulcerative colitis? d) Any history of jaundice? If yes, any viral markers done?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12) GU System: Has the examinee suffered or is suffering from diseases like stones, infections etc. of kidney, ureter, urinary bladder or urethra?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13) Is there any evidence of Endocrine, thyroid dysfunction? If yes, please give details	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14) Any history of arthritis / fracture / joint surgery / hyperuricemia / gout?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If answer is yes, please provide details as per the questions mentioned on earlier page
15) a) Any evidence of psoriasis, eczema, varicose veins or xanthelasma? b) Any operative / non operative significant scars - burns, injuries.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16) Are there any abnormalities in testes relating to location, size and consistency? (Please do a physical examination only in case of suspicion)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Kindly attach separate sheet for details, if required)
17) a) Is there any history of evidence of cancer, tumor, growth or cyst? b) Has examinee suffered from significant enlargement of lymph glands?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18) a) Is there any history of anxiety / stress / depression / psychosis. b) Was the examinee treated for any psychiatric ailment? If so, give details about medication given and absenteeism from work, if any	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19) Is the examinee currently under any form of medication?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20) <u>FOR FEMALE EXAMINEE ONLY:</u> a) Any adverse menstrual history and LMP? b) Any history of miscarriage, abortion, MTP, gestational HT/DM? If yes give details. c) Is she now pregnant? If yes, number of weeks _____ d) Do you suspect any disease related to breast on history? (Please do a physical examination only in case of suspicion) e) Any reason to suspect disease of pelvic organs on history? Please mention your suspicion (no need for internal examination) f) Has she undergone any of these tests: pap smear, mammogram or ultrasound of pelvis? If yes, please give details of date, reason and result.	<i>NA</i>	<input type="checkbox"/>	<input type="checkbox"/>

EXAMINEE'S DECLARATION: - I declare that the answers to the above questions are true, and that I have not withheld any material information and I understand that the answers given by me to each of the questions in the proposal and MER shall be the basis of the contract for the assurance on my life with ICICI Prudential Life Insurance Company Ltd.



EXAMINERS DECLARATION: - I hereby declare that the examinee has signed / affixed his / her thumb impression in my presence

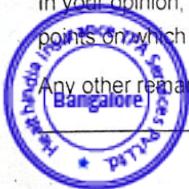
 Dr. RAKESH H PATEL MBBS KMC NO 134472	MBBS KMC NO 134472	
Signature of the Medical Examiner	Rubber Stamp with ME code	ME Name and Qualification

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER:-

Was the examinee co-operative? (YES / NO) yes

In your opinion, is there anything about the examinee's health, lifestyle or character which might unfavorably affect insurability or any points on which you suggest further information be obtained? **Health**

Any other remarks e.g. - your clinical impression, suggestions, recommendations _____ No



Self-Declaration Form

ICICI PRUDENTIAL LTD.

Application Number: OPD1148362

Date: 05/07/2025

Name of the Life Assured: ADITYA JHA

Q. No	Question	Answers
1	Education	Post graduated Graduate <input checked="" type="checkbox"/> Diploma 12th 10th below 10th
2	Occupation	Salaried <input checked="" type="checkbox"/> Agriculturalist ICICI group employee Professional Retired Self Employed Student Self Employed CA Self Employed Doctor Self Employed Architect Self Employed Businessman Self Employed Consultant Self Employed Lawyer Self Employed Others Others(Specify):
3	Income (Yearly/Monthly)	Rs: <u>2200000</u> Not Interested
4	Any previous life Insurance declined or issued on revised terms?	Yes/ <input checked="" type="checkbox"/>

I hereby declare that above information is true & Correct please consider the same.

Signature of Life Assured: AJ

Place: Bengalure

Examiner Name & Stamp:

Dr. RAKESH H
MBBS
KMC NO 134472

Communication address :

Passport Office, Ground Floor, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Rd, Malad East, Mumbai, Maharashtra 400097

COMP/DOC/May/2021/65/5728



Name : Mr. ADITYA JHA
Age/Sex: 25 Year(s) / Male
Ref. by : DR. ICICI

Reg. No : C3521
Date : 05/07/2025
Corporate: NON CORPORATE

Test Name	Result	Reference Range
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HAEMATOLOGY REPORT**COMPLETE BLOOD COUNT**

HAEMOGLOBIN	14.2 gm/dl	M 13.5 gm/dl to 16.5 gm/dl F 11.5 gm/dl TO 14.5 gm/dl
RBC's	5.11 million/cumm	Male :4.2-6.5 million/cumm Female:3.7-5.6 million/cumm
WBC COUNT	7,200 cells/cu.mm	4,000-11,000 cells/cu.mm

DIFFERENTIAL COUNT

NEUTROPHILS	61 %	40 - 75 %
LYMPHOCYTES	35 %	17 - 46 %
MONOCYTES	03 %	0 - 13 %
EOSINOPHILS	02 %	01 - 08 %
PACKED CELL VOLUME(PCV)	47 %	37-47 %
MCV	92 fl	75 - 95 fl
MCH	27 Pg	24-33 Pg
MCHC	29 g/dl	29 - 38 g/dl
PLATELET COUNT	2.27 lakhs / cumm	1.5-4.5 lakhs / cumm
ESR	05 mm/hour	F : 0 - 20 mm/hour M : 0 - 10 mm/hour

COMPLETE BLOOD COUNT

Red Cell Distribution Width	12.8 %	11.5 - 15.5 %
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BIOCHEMISTRY REPORT

FASTING BLOOD SUGAR	72 mg/dl	70-110 mg/dl
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LIPID PROFILE

TOTAL CHOLESTEROL	155 mg/dL	<200 : Desirable 201 – 239: Borderline High >240: High
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Name : Mr. ADITYA JHA
Age/Sex: 25 Year(s) / Male
Ref. by : DR. ICICI

Reg. No : C3521
Date : 05/07/2025
Corporate: NON CORPORATE

Test Name	Result	Reference Range
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BIOCHEMISTRY REPORT

LIPID PROFILE

TRIGLYCERIDES	96 mg/dL	Normal: <150 mg/dL Borderline high: 151-199 mg/dL High: 200-499 mg/dL Very high: = 500 mg/dL
HDL CHOLESTEROL	44 mg/dL	< 60 mg/dl
LDL CHOLESTEROL	91 mg/dl	60 TO 130 mg/dl
VLDL	19 mg/dl	5 - 40 mg/dl
CHOLESTEROL/HDL RATIO	3.5	3.0 - 5.0
LDL/HDL RATIO	2.1	1.0 - 3.5

LIVER FUNCTION TESTS

TOTAL BILIRUBIN	0.49 mg/dl	up - 1.20 mg/dl
DIRECT BILIRUBIN	0.25 mg/dl	0 - 0.35 mg/dl
INDIRECT BILIRUBIN	0.24 mg/dl	0.08 - 0.75 mg/dl
TOTAL PROTEIN	7.5 g/dl	6.0 - 8.3 g/dl
SERUM ALBUMIN	4.3 g/dl	3.5 - 5.2 g/dl
GLOBULIN	3.2 g/dl	2.0 - 3.5 g/dL
A/G Ratio	1.3	1.0 - 1.5
S.G.O.T. (AST)	32 U/L	08 to 48 U/L
S.G.P.T. (ALT)	35 U/L	07 to 45 U/L
ALKALINE PHOSPHATASE	97 IU/L	30-120 IU/L
Gamma Glutamyl Transpeptidase (GGT)	31 U/L	MALE : 0 - 50 U/L FEMALES : 0 - 38 U/L
SERUM CREATININE	0.82 mg/dl	Male : 0.70-1.40 mg/dl



Name : Mr. ADITYA JHA
Age/Sex: 25 Year(s) / Male
Ref. by : DR. ICICI

Reg. No : C3521
Date : 05/07/2025
Corporate: NON CORPORATE

Test Name	Result	Reference Range
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BIOCHEMISTRY REPORT

GLYCOSYLATED HAEMOGLOBIN	4.57 %	Normal	<6.0
		Good control	6.0-7.0
		Fair control	7.0-8.0
		Poor control	>8.0

SEROLOGY REPORT

HIV 1&2 (Screening)	NEGATIVE
HBsAg (SCREENING)	NEGATIVE

URINE EXAMINATION REPORT**PHYSICAL EXAMINATION**

VOLUME	30 ml	
COLOUR	COLOURLESS	
APPEARANCE	CLEAR	
PH	5.5	5.0 - 8.0
SPECIFIC GRAVITY	1.010	1.005 - 1.030

CHEMICAL EXAMINATION

SUGAR	NIL	NIL
ALBUMIN	NIL	NIL
BILE SALT	ABSENT	ABSENT
BILE PIGMENT	ABSENT	ABSENT
KETONE BODIES	NEGATIVE	NEGATIVE

MICROSCOPIC EXAMINATION

EPITHELIAL CELLS	1-2 cells/hpf	
PUS CELLS	1-2 cells/hpf	
RBC's	NIL cells/hpf	NIL
CAST	NIL cells/hpf	NIL



Name : Mr. ADITYA JHA
Age/Sex: 25 Year(s) / Male
Ref. by : DR. ICICI

Reg. No : C3521
Date : 05/07/2025
Corporate: NON CORPORATE

Test Name

Result

Reference Range

URINE EXAMINATION REPORT**MICROSCOPIC EXAMINATION**

CRYSTALS	NIL cells/hpf	NIL
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BACTERIA	NIL
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Urine Cotinine	NEGATIVE
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----- End of Report -----

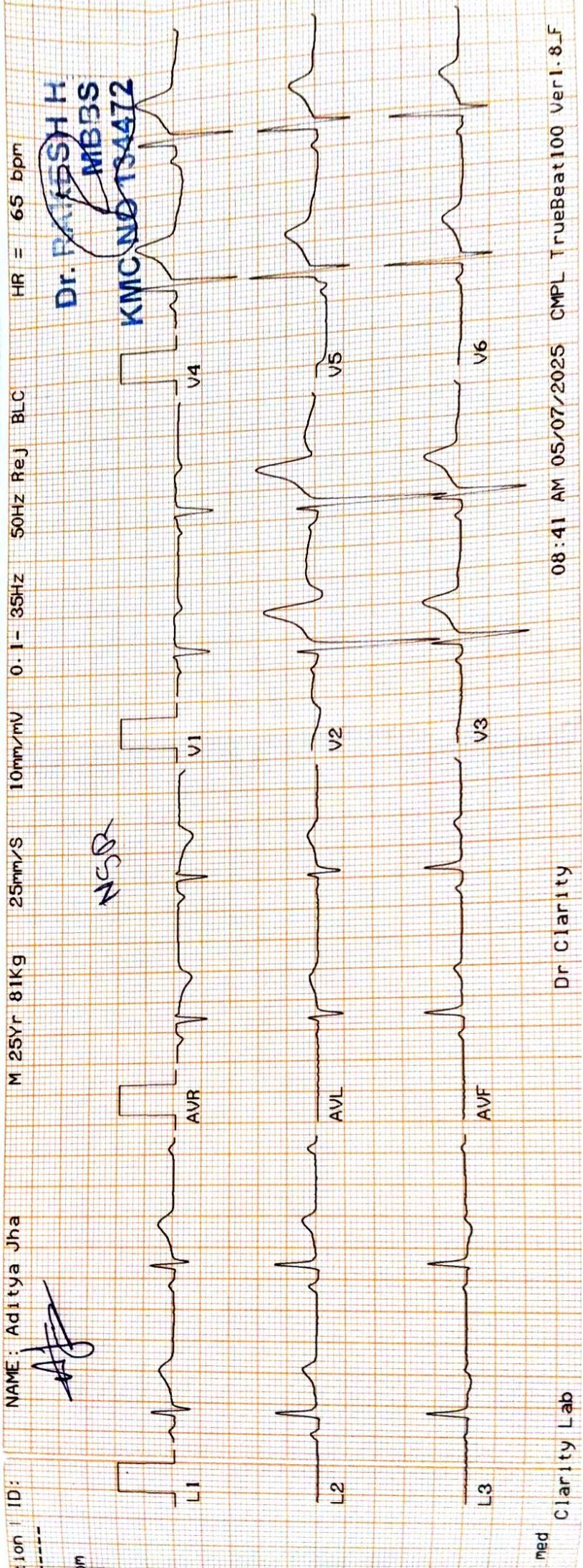
LAB TECHNOLOGIST

B

DR. SHROTHI. H
 CONSULTANT PATHOLOGIST
 KMC NO 111047



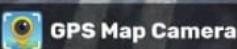
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08:41 AM 05/07/2025 CMPL TrueBeat100 Ver1.8.F

Dr Clarity

med Clarity Lab



Bengaluru, Karnataka, India

121, 7th Cross Rd, Rifco Shantiniketan Layout, Medahalli, Bengaluru,
Karnataka 560049, India

Lat 13.026623° Long 77.712695°

05/07/2025 09:04 AM GMT +05:30





भारत सरकार

Government of India



Aditya Jha

Date of Birth/DOB: 09/08/1999

Male/ MALE

Issue Date: 26/12/2020

2720



मेरा आधार, मेरा पहचान

Download Date: 19/02/2021