9/9/2020 Medical Report

## **Basic Details**

Reference Number : 4092020160936



Proposer Name				Full Address						
Sharath				Bangalore	Bangalore					
Pincode				Phone						
560103				9880215401						
Joining Date of Government S	ervice			Present Designation						
1999-12-06				Assistant Director	Assistant Director					
Present Working office										
Bengaluru										
			Phys	sical Details						
Proposer's Height [Cms]	Proposer's Height [Cms]				Proposer's Weight [Kgs]					
10				01	01					
Proposer's Pulse Rate [No's/Min]				Proposer's Breathing Rate [No's/MIN]						
12				12	12					
Proposer's Blood Pressure				Low / Dystolic	Low / Dystolic					
12				12						
HIGH Systolic				Remarks	Remarks					
12				Very Good	Very Good					
	Other Details									
Was Proposer Admitted To Hospital?	Yes	ONo	Hi		Previously uploaded Document Click Here					
					Choose File No file chosen					
Has Proposer Met With an Accident?	○Yes	<ul><li>No</li></ul>			Choose File No file chosen					
					Choose the two life chosen					
				/.						
Has Proposer Undergone	Yes	ONo	Llelle		Previously uploaded Document					
Has Proposer Undergone Test Like Ecg, X-Ray, Lasseray?			Hello		Choose File No file chosen					
					Choose the fite the chosen					
At Present Has Proposer Undergone Any Treatment?	○Yes	<ul><li>No</li></ul>								
Undergone Any Treatment?					Choose File No file chosen					

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## **Health Details**

Is There Any Symtoms Of Having Illness in Chest, Heart, Lungs?	○ Yes	No			Choose File No file chosen					
Is there Any Symtoms Of Having Illness in Teeth, Toung, Ear, Nose, Throat, Eyes?	Yes	○No	Hello		Previously uploaded Document  Click Here  Choose File No file chosen					
Does have Deficiency/Disability?	○ Yes	No     No			Choose File No file chosen					
Does Proposer Have Thyroid, lymph Node, in Jointer, have Scars For Surgery?	○ Yes	<b>○</b> No			Choose File No file chosen					
Indication Of Enlargement Spleen or Liver?	○ Yes	No			Choose File No file chosen					
Any Abnormality in Any Part Of Gastro Intestinate Track?	○ Yes	No			Choose File No file chosen					
Does Proposer Suffer from Hernia?	○Yes	No			Choose File No file chosen					
Doctor Details										
KMC / IMC code				Doctor Name						
456				Dr Saroj Gowda						
KGID				Designation						
PQR9876				General Physician						
Name of Hospital										
Appolo Hospital										

## **Doctor Details**

I do hereby declare that the proposal statements and those made by me to the Medical Officer are true to the best of knowledge and belief and that I have not with-held or concealed any circumstance with regard to which information has been required from me. I agree that the statements made by me shall be the basis of the proposed ontract for any insurance of my life and that if it shall hereafter appear that I have wilfully made any untrue statements or have fradulently concealed any circumstance which I ought to have made know, then all the premiums which shall have been paid under the said contract shall be forfelted, and the contract rendered absolutely null and vold.

localhost:52373/Employee/ApplicationForm