

Basic Details

Proposer Name

VENKATESHA NAIDU

Full Address

Bengaluru

Pincode

750103

Phone

8954863245

Physical Details

Proposer's Height [Cms]

Proposer's Weight [Kgs]

Proposer's Pulse Rate [No's/Min]

Proposer's Breathing Rate [No's/MIN]

Proposer's Blood Pressure

Low / Dystolic

Pulse Rate

HIGH Systolic

Remarks

Other Details

Was Proposer Admitted To Hospital?

☐ Yes

☐ No

Choose File

No file chosen

Has Proposer Met With an Accident?

☐ Yes

☐ No

Choose File

No file chosen

Has Proposer Undergone Test Like Ecg, X-Ray, Lasseray?

☐ Yes

☐ No

Choose File

No file chosen

At Present Has Proposer Undergone Any Treatment?

☐ Yes

☐ No

Choose File

No file chosen

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, Tounge, Ear, Nose, Throat, Eyes?

☐ Yes

☐ No

Choose File

No file chosen

6/12/2020

Medical Report

Does have Deficiency/Disability?	<input type="radio"/> Yes	<input type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>
Does Proposer Have Thyroid, lymph Node, in Jointer, have Scars For Surgery?	<input type="radio"/> Yes	<input type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>
Indication Of Enlargement Spleen or Liver?	<input type="radio"/> Yes	<input type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>
Any Abnormality in Any Part Of Gastro Intestinate Track?	<input type="radio"/> Yes	<input type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>
Does Proposer Suffer from Hernia?	<input type="radio"/> Yes	<input type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>

Doctor Details

<div>KMC Codes</div> <div>-- Select KMC Code--</div>	<div>Doctor Name</div> <div>-- Select Doctor --</div>
<div>KGID</div> <div></div>	<div>Designation</div> <div></div>
<div>Name of office</div> <div></div>	