

## Life Insurance Corporation of India

### REPORT FROM GYNAECOLOGIST/ATTENDING GYNAECOLOGIST

The Gynaecologist completing this form is requested to satisfy himself/herself

- (1) above the identity of the Life to be Assured and
- (2) to obtain signature of the Life to be Assured on this form in him/her presence.

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Proposal No. ....

Agent's Name & Code No. ....

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Full Name of the Examinee .....

Introduced by ..... His Signature .....

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|---|---|
| 1. (a) Whether the Life to be Assured has any past history of abortion and/or miscarriage?  | 1. (a) Yes/No<br>(If Yes, give full details including cause/reasons thereof). |
| (b) Whether the Life to be Assured has previous history of delivery by Caesarean Section  | (b) Yes/No<br>(If Yes, give cause/reasons for such Caesarean Section)         |
| 2. Whether there is any previous history of hysterectomy? Was any malignancy detected   | 2. If Yes, give full details  |
| 3. Whether there is any previous history of any other Impairments generally associated with females?                                      | 3. If yes, give full details.   |
| 4. Whether the Life to be Assured has previous history of Hypertension, Diabetes, Urinary Tract Infection, Cardiac or Pulmonary diseases? | 4. If answer is yes, furnish full details of such diseases.                   |
| 5. What is the Blood Group – Rh factor ?  |   |
| 6. (a) Does your examination show that Life to be Assured is pregnant?  |   |
| (b) Does your examination reveal any symptoms Indicative of any abnormal pregnancy and/ Or expected delivery. If so, give details.        |   |
| (c) What is your estimate is the approximate  |   |

Period of pregnancy ? (No. of weeks).

(d) Findings of the current Pathological & Radiological examination (Done already for The check-up)

- i. Blood Group –Rh factor
- ii. Blood Sugra (Post Prandial)
- iii. Haemoglobin
- iv. Urine – Albumin
- v. Any other investigations
- vi. Sonography of the Foetus

7. Does your examination indicate

- (a) any disease of uterus, vagina or overies ?
- (b) any weakness, injudy or sore resrulting form child-bearing or miscarriage?

If so give details.\

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20.

Date:

Place:

Signature of the Gynaecologist

Qualification .....

Name & Address .....

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Code no. / Regd.no.....

I hereby declare that the statements and answer given above are true and complete and I do hereby agree and declare that these will form part of the proposal dated ..... given by me to LIC of India.

Witness :

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Signature of the Life to be Assured.