

## 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. ....

.....

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?

(b) Whether the Life to be Assured has previous history of delivery by Caesarean Section

2. Whether there is any previous history of hysterectomy? Was any malignancy detected

3. Whether there is any previous history of any other Impairments generally associated with females?

4. Whether the Life to be Assured has previous history of Hypertension, Diabetes, Urinary Tract Infection, Cardiac or Pulmonary 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

1. (a) Yes/No

(If Yes, give full details including cause/reasons thereof).

(b) Yes/No

(If Yes, give cause/reasons for such Caesarean Section)

2. If Yes, give full details

3. If yes, give full details.

4. If answer is yes, furnish full details of such diseases.

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 Sugar (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 ovaries ?
- (b) any weakness, injury or sore resulting from 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.