



**LIC**

**Life Insurance Corporation of India**

**CHENNAI DIVISION I**

Form No.  
3341 (Rvd.)

**REPORT FROM GYNECOLOGIST/ATTENDING GYNAECOLOGIST**

The Gynecologist completing this form is requested to satisfy himself/herself a) about the identity of the life to be assured and b) to obtain signature of the life to be assured on this form in his/her presence.

Proposal No.: ..... Agent's Name ..... Code No.....

Full name of the Examinee: .....

Introduced by: ..... Signature: .....

- 1 a) Whether the life to be assured has any past history of abortion and/or miscarriage? Yes / No (if yes, give full details including Cause/reasons thereof)
- b) Whether the life to be assured has previous history of delivery by caesarian section? Yes / No (if yes, give cause/reasons for Caesarian section)
- 2. Whether there is any previous history of Hysterotomy? Yes / No (if yeas, give full details)  
Was any malignancy detected?
- 3. Whether there is any previous history of any other impairments generally associated with females? Yes / No (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? Yes / No (if 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:
  - a) What is your estimate, is the approximate period Of pregnancy? ( No. of weeks)?
  - b) Findings of the current pathological and 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 Childbearing or miscarriage?
 If so, give details:

Dated at ..... on the ..... day of ..... 200

Date

Place:

Signature of the Gynecologist with seal

I hereby declare that the statements and answer given 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:

Name & Address:

Signature of the Life to be Assured: