



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act 1956)

Form No. LIC 03-002

**ELECTROCARDIOGRAM**

Zone

Division

Branch

Proposal No.

Agent / D.O. Code:

Introduced by : (name &amp; Signature)

Full Name of Life to be assured:

Age / Sex:

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows tall R- Wave, additional lead V4R be recorded.

**DECLARATION**

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_\_ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

**Note: Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.**

- i. Have you ever had chest pain, palpitation, and breathlessness at rest or exertion? Y/N \_\_\_\_\_
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or Kidney disease? Y/N \_\_\_\_\_
- iii. Have you ever had Chest X-Ray ECG, Blood Sugar, Cholesterol or any other test done? Y/N \_\_\_\_\_

If the answer/s to any/all above questions is "Yes", submit all relevant papers with this form.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

\_\_\_\_\_  
Signature of the Cardiologist

Name :

Address :

Qualification :

Code No. :

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate

(B) Cardiovascular System

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Rest ECG Report :

Position		P Wave	
Standardisation Imv		PR Interval	
Mechanism		QRS Complexes	
Voltage		Q-T Duration	
Electrical Axis		S-T Segment	
Auricular Rate		T- Wave	
Ventricular Rate		Q- Wave	
Rhythm			
Additional findings, if any			

**Conclusion:**

Dated \_\_\_\_\_ on the \_\_\_\_\_ day of 200

\_\_\_\_\_  
Signature of the Cardiologist

Name :

Address :

Qualification :

Code No.: