नंशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

Name : **Gogikar Vaishnavi Rani**

ID: **VOLO05093350**

Gender:	Female	Relation:	Spouse
DOB:	27/01/1999	Validity:	04/07/2026 - 03/07/2027
Policy Holder	LLOYDS OFFSHORE GLOBAL SERVICES PVT LTD	Employee Id	5617586

Insurer: National Insurance Co. Ltd.

TPA: Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)

Volo
By your side

భారత ప్రత్యేక గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India

Government of India

నమోదు సంఖ్య / Enrollment No. : 2017/79856/11249

To

Gogikar Vaishnavi Rani

గోగికర్ వైష్ణవి రాణి

C/O Gogikar Vijay Kumar

14-1-542/1

Mangalhat

Nampally

Begumbazar,Nampally,Hyderabad,

Telangana - 500012

9014776383

13/01/2013

83795717

KA837957176FH

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6534 2541 6591

నా ఆధార్, నా గుర్తింపు

భారత ప్రభుత్వం

Government of India

గోగికర్ వైష్ణవి రాణి

Gogikar Vaishnavi Rani

పుట్టిన తేది / DOB: 27/01/1999

స్త్రీ / Female

6534 2541 6591

నా ఆధార్, నా గుర్తింపు

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

LALAJI VITAL
RAJA LINGAM LALAJI

16/05/1992
Permanent Account Number
AIFPL7980B

L.Vital
Signature

In case this card is lost / found, kindly inform / return to :
Income Tax PAN Services Unit, UTIITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :
आयकर पैन सेवा यूनीट, UTIITSL
प्लाट नं: ३, सेक्टर ११ , सी.बी.डी.बेलापूर,
नवी मुंबई-४०० ६१४.


Vital
Lalaji

GIPSA NETWORK-DECLARATION FORM

(To be filled by the Hospitals)

Rainbow Children's Medicare Ltd
H No. 3-6-234, Himayatnaga
HYDERABAD - 500029

Name of the Hospital:.....Date of Admission: 19/07/2026

Address:.....

PATIENT NAME/INSURED NAME (BLOCK LETTERS): Gogikar VAISHNAVI RANI AGE/SEX 27/F

(To be filled by the Insured/policy holder/Attendant)

1. *Do you have an Insurance policy?* *YES/NO*

If yes, then please select: New India/ United India/ National Insurance/ Oriental Insurance/others

*Policy No*_____
TPA Name _____
TPA card No: _____

2. *Have you contacted TPA or Insurance Company for cashless facility?* *YES/NO*

3) Whether patient opted for Eligible Room Category under Policy: *YES/NO*

If No, then kindly mention the opted room category:.....

On my own option, I wish to avail above facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Facility/Procedure/Treatment and associated cost of it, which is over and above the agreed tariff for the treatment. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed tariff for the treatment and balance amount will be borne by me / patient only.

I have also been explained that when room service of a category other than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me/ patient only

Signature: Vital

Name of the Patient/Patient's attendant: VITAL LALAJI.

Mobile No. 9959004221

E –Mail. vitallalaji@gmail.com.

PAN / Form 60: AIFPL7980R

Aadhar Card Number 4666 4352 8004

Signature:.....

Name of the Hospital Representative &Hospital Seal:

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only *(To be filled by financial institution)*

Application Type* ☐ New ☐ Update
KYC Number *(Mandatory for KYC update request)*
Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)	Y	VITAL		LALAJI.
Maiden Name (If any*)				
Father / Spouse Name*	Y	VAISHNAVI	RANI	GOGIKAR.
Mother Name*	Y	LAVANYA		LALAJI.

Date of Birth* 26-05-1992

Gender* ☑ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☑ Married ☐ Unmarried ☐ Others

Citizenship* ☑ IN- Indian ☐ Others (ISO 3166 Country Code)

Residential Status* ☑ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☑ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

PHOTO

Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of <u>any one</u> of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☑ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others please specify ☐ Simplified Measures Account - Document Type code

Address

Line 1* Y6-138, SRINAGAR COLONY KOTHAGUDEM
Line 2
Line 3 City / Town / Village* KOTHAGUDEM.
District* BHADRADRI Pin / Post Code* 507101 State / U.T Code* TS ISO 3166 Country Code*

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1**')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

☐ **5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off) Tel. (Res) Mobile +91-9959004221

FAX Email ID

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (**H**) at the end)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

☐ **7. REMARKS (If any)**

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : D D – M M – Y Y Y Y Place :

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

Fetal Medicine Report

RAINBOW HOSPITAL FOR WOMEN AND CHILDREN
3/6/234, Old MLA Quarters Rd.
Himayatnagar, Hyderabad -500029
T - 040-48873000
Reg No (Under PC & PNDT Act 1994): 0116A1466/2023

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FetalMedicine ID:
B2841036
ViewPoint ID: 2841036
Date 10-07-2026

Growth Scan

Patient: **. Vaishnavi Rani** DOB: 27-01-1999
6-138//1A, Sri Nagar Colony, Kothagudem - 507101
Exam date: 10-07-2026

Indication
Fetal growth scan

History
General History nonconsanguineous couple
OB History **Gravida 1**

Method
Voluson E8, Transabdominal and transvaginal ultrasound examination. View: Suboptimal view: limited by late gestational age

Pregnancy
Singleton pregnancy. Number of fetuses: 1

Dating

	Date	Details	Gest. age	EDD
LMP	30-10-2025		36 w + 1 d	06-08-2026
Agreed dating	**based on the external assessment**		**36 w + 4 d**	**03-08-2026**

General Evaluation
Cardiac activity present. FHR 130 bpm. **Fetal movements**: visualised. **Presentation**: cephalic
Placenta: anterior high
Umbilical cord: 3 vessel cord
Amniotic fluid: Amount of AF: normal. AFI 18.7 cm

Fetal Biometry

BPD	92.9 mm		98%	TAD	97.4 mm		
OFD	110.0 mm		13%	AC	294.5 mm		2%
HC	319.3 mm		30%	Femur	70.1 mm		31%
Cerebellum tr	44.6 mm		79%	Humerus	64.4 mm		88%
				HC / AC	1.08		
APAD	90.0 mm						

Fetal Weight Calculation:

EFW	2,525 g		15%	EFW by	Hadlock (BPD-HC-AC-FL)
EFW (lb,oz)	5 lb 9 oz				

Head / Face / Neck Biometry:

BPD / OFD	0.84		78%	2nd Ventr	3.8 mm
1st Ventr	3.7 mm				

Abdomen Biometry:

MAD	93.7 mm			Trunk area	87.7 cm²		81%
Trunk area	68.8 cm²		23%	rect			

ell.

Urinary Tract Biometry:

Rt Renal pelvis ap	1.9 mm	Lt Renal pelvis ap	2.4 mm

Extremities / Bony Structures Biometry:

FL / BPD	0.75	FL / AC	0.24
FL / HC	0.22		

Fetal Doppler

Umbilical Artery:

PI	1.00	82%	RI	0.62	74%

Mid Cerebral Artery:

PI	1.55	31%	PS	0.93 MoM	
PS	51.00 cm/s		CPR PI	1.55	6%

Maternal Doppler

Right uterine artery:

PI	0.48	5%	RI	0.25	

Left uterine artery:

PI	0.33	<1%	RI	0.26	
Mean PI	0.41	1%			

Comment

Please note: All fetal anomalies cannot be detected by ultrasound alone. The pick up rate of abnormalities depend on gestational age of the fetus, fetal position, maternal habitus, tissue penetration of ultrasound waves and machine resolution. The results of the today's scan have been discussed with the parents. They were aware that ultrasound examination alone cannot exclude all genetic syndromes or chromosomal abnormalities.This report is not for medicolegal purposes.

Impression

There is a single viable intrauterine pregnancy.

The fetus is in cephalic presentation today .

AC growth is on the 2nd centile

Fetal growth, (EFW - 15th centile)

Amniotic fluid (AFI - 18.7) - upper limit of normal

Fetal Doppler and Uterine artery Doppler are normal.

Detailed structural evaluation of fetus not possible due to advanced gestation and fetal position. All abnormalities cannot be excluded by ultrasound alone. Some abnormalities evolve as gestational age advances.

I, Dr. Mythreyi. K declare that while conducting ultrasonography / image scanning on Mrs. Vaishnavi, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

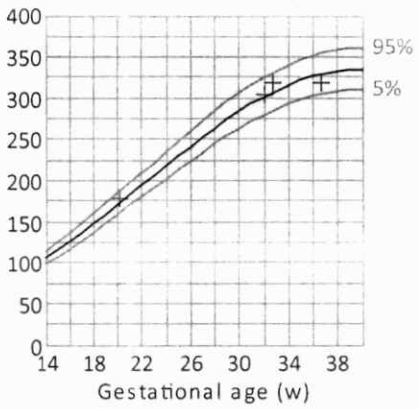
Follow-up

Follow-up as clinically indicated

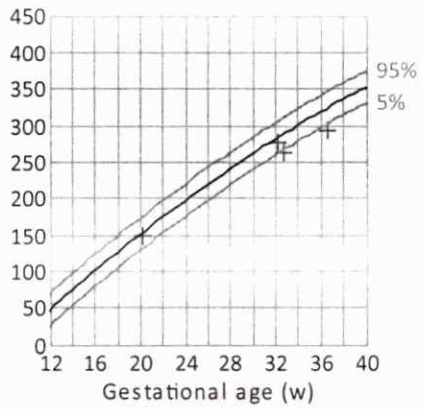
Fetal Medicine Report

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

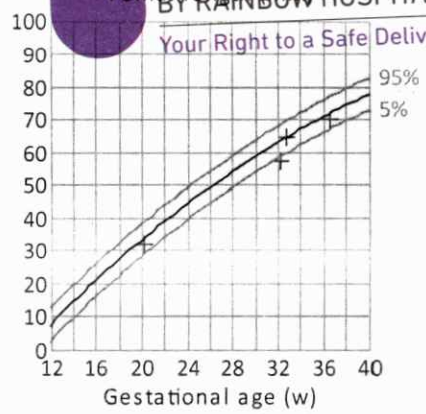
Head circumference (mm)



Abdominal circumference (mm)

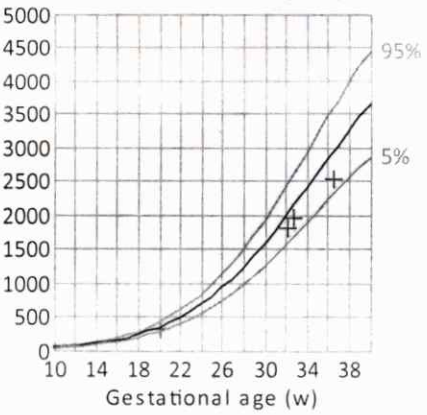


Femur length (mm)

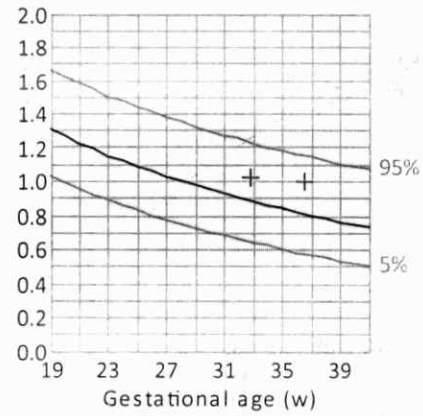


Humerus length (mm)

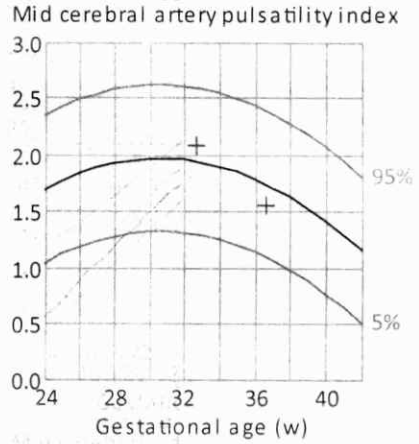
Estimated fetal weight (g)



Umbilical artery pulsatility index

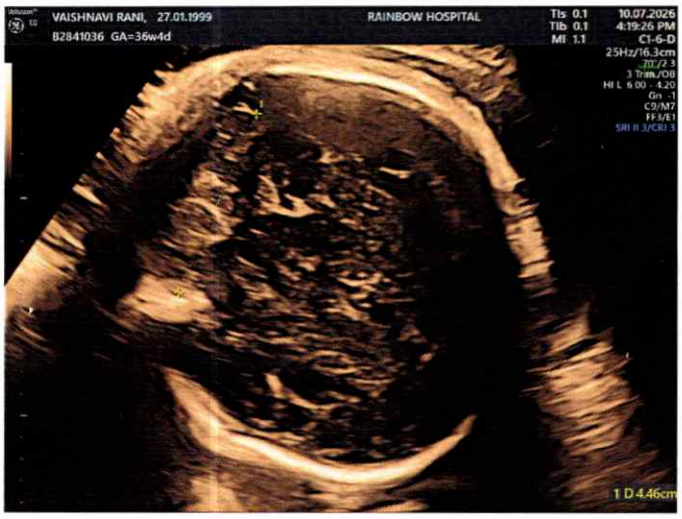


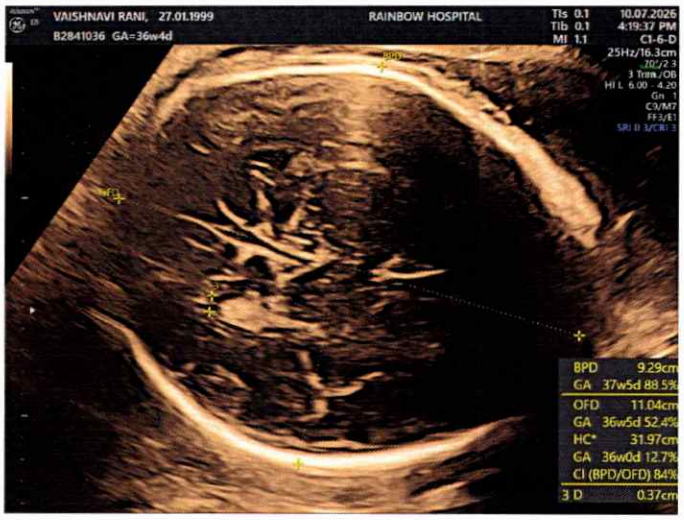
Mid cerebral artery pulsatility index



Dr. Swathi HV
Referring
Consultant

Dr Mythreyi K
Performing Physician


VAISHNAVI RANI, 27.01.1999
B2841036 GA=36w4d
RAINBOW HOSPITAL
10.07.2026
4:19:26 PM
1 D 4.46cm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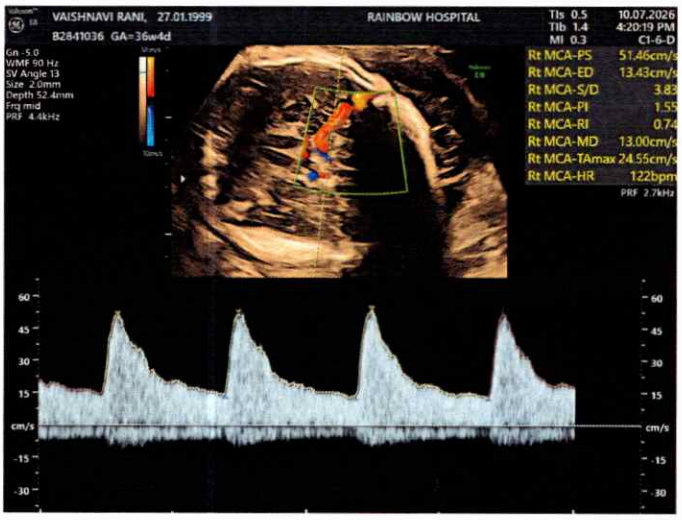
B2841036 GA=36w4d
RAINBOW HOSPITAL
10.07.2026
4:19:37 PM
BPD 9.29cm
GA 37w5d 88.5%
OFD 11.04cm
GA 36w5d 52.4%
HC* 31.97cm
GA 36w0d 12.7%
CI (BPD/OFD) 84%
3 D 0.37cm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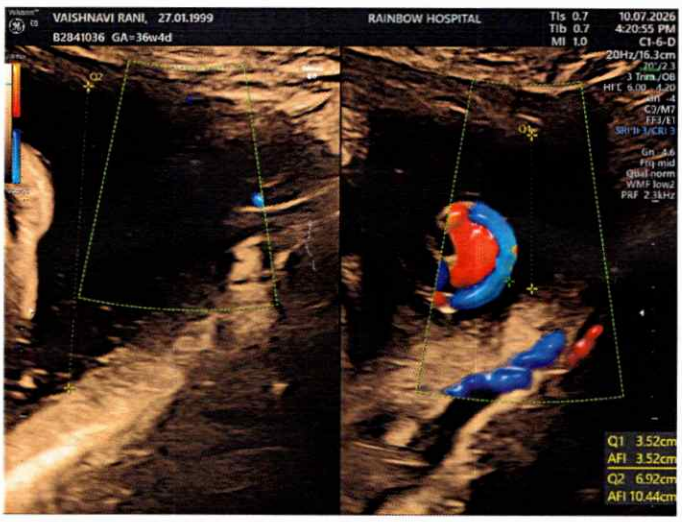
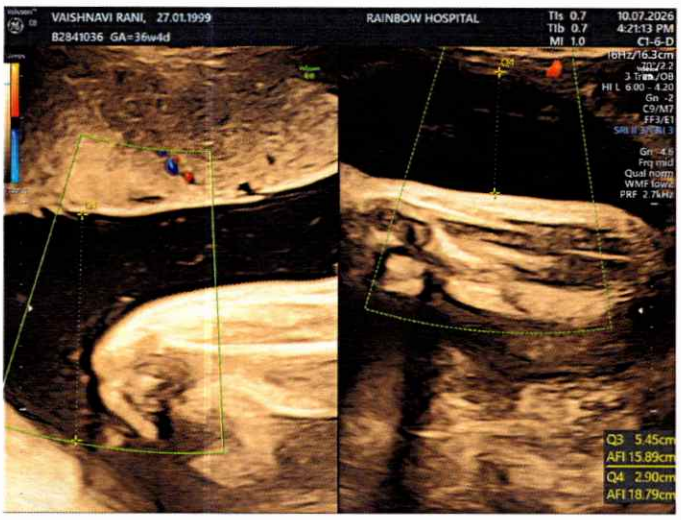
B2841036 GA=36w4d
RAINBOW HOSPITAL
10.07.2026
4:20:19 PM
Rt MCA-PS 51.46cm/s
Rt MCA-ED 13.43cm/s
Rt MCA-S/D 3.83
Rt MCA-PI 1.55
Rt MCA-RI 0.74
Rt MCA-MD 13.00cm/s
Rt MCA-TAmax 24.55cm/s
Rt MCA-HR 122bpm
cm/s


VAISHNAVI RANI, 27.01.1999
B2841036 GA=36w4d
RAINBOW HOSPITAL
10.07.2026
4:20:55 PM
Q1 3.52cm
AFI 3.52cm
Q2 6.92cm
AFI 10.44cm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RAINBOW HOSPITAL
10.07.2026
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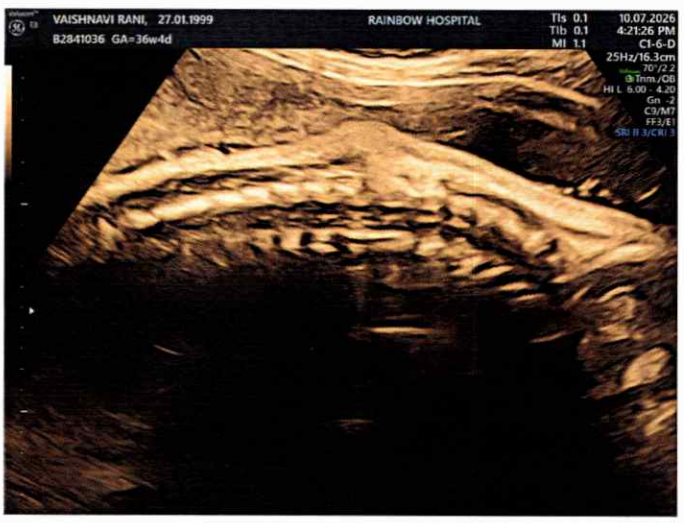
Q3 5.45cm
AFI 15.89cm
Q4 2.90cm
AFI 18.79cm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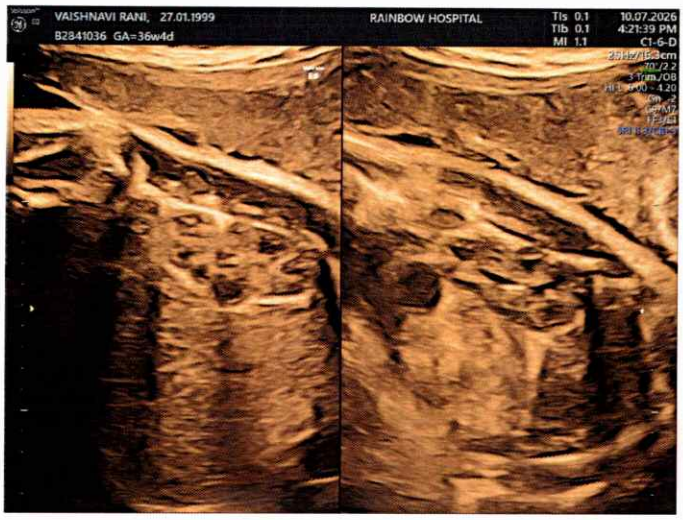
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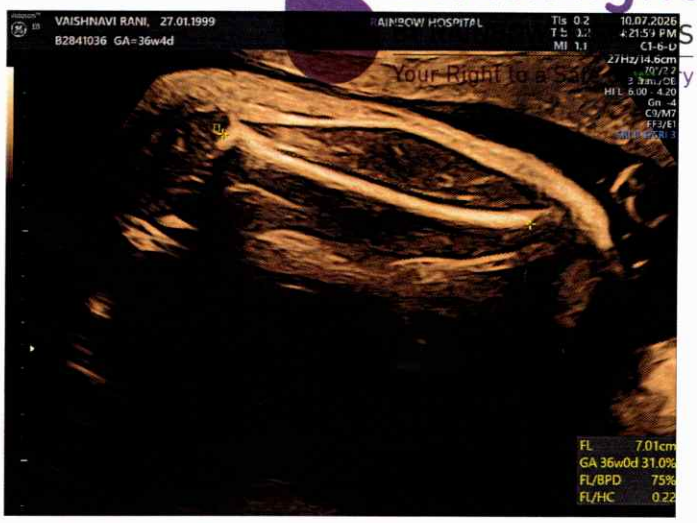
RAINBOW HOSPITAL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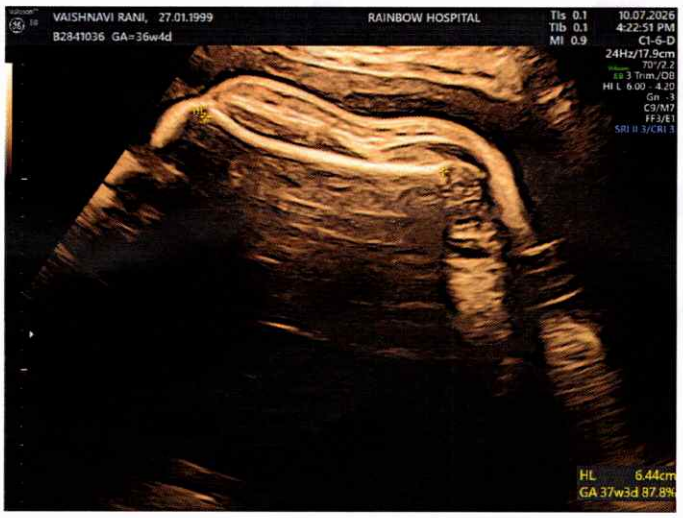
FL 7.01cm
GA 36w0d 31.0%
FL/BPD 75%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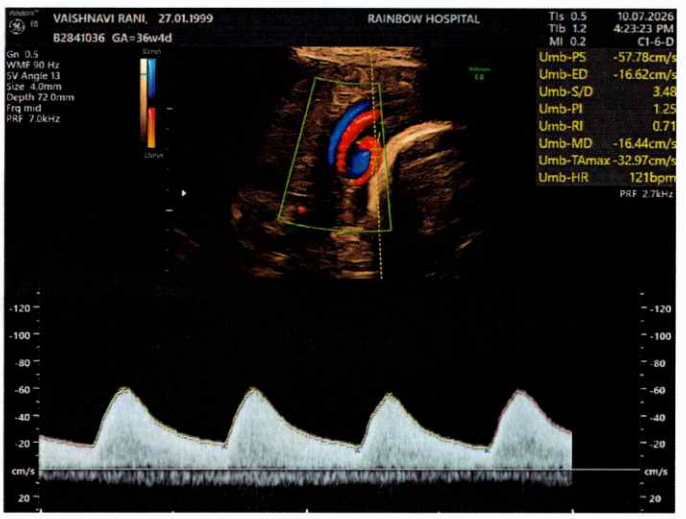
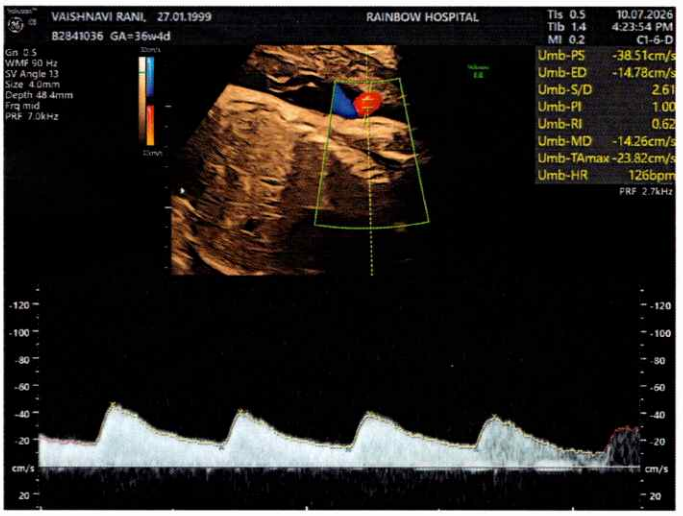
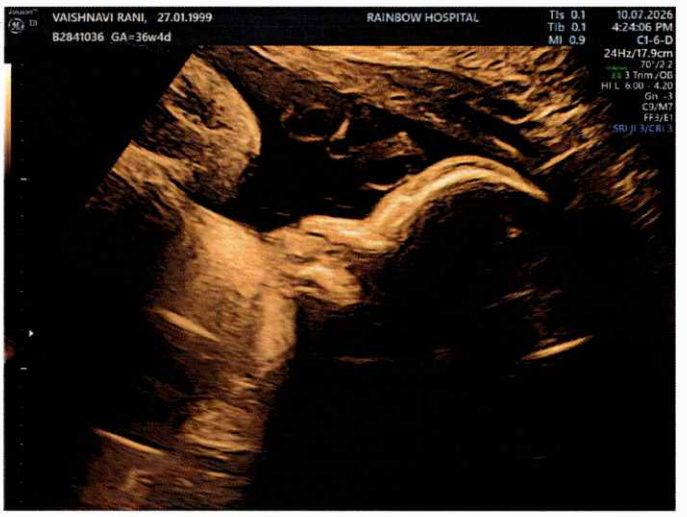
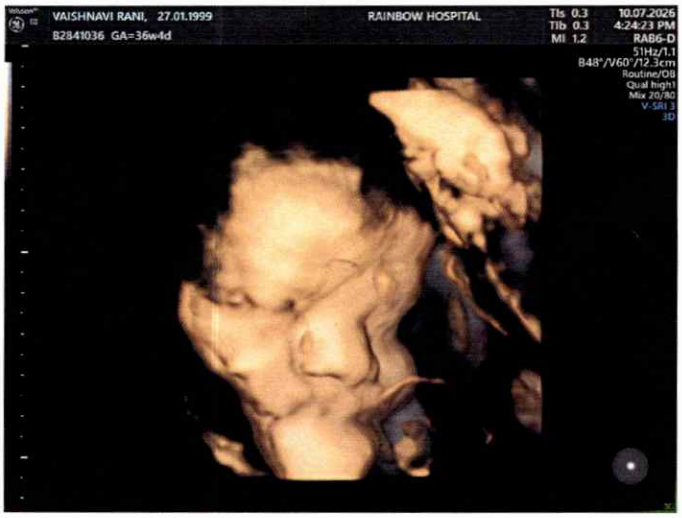
B2841036 GA=36w4d
RAINBOW HOSPITAL
HL 6.44cm
GA 37w3d 87.8%


VAISHNAVI RANI, 27.01.1999
B2841036 GA=36w4d
RAINBOW HOSPITAL
Umb-PS -57.78cm/s
Umb-ED -16.62cm/s
Umb-S/D 3.48
Umb-PI 1.25
Umb-RI 0.71
Umb-MD -16.44cm/s
Umb-TAmax -32.97cm/s
Umb-HR 121bpm


VAISHNAVI RANI, 27.01.1999
B2841036 GA=36w4d
RAINBOW HOSPITAL
Umb-PS -38.51cm/s
Umb-ED -14.78cm/s
Umb-S/D 2.61
Umb-PI 1.00
Umb-RI 0.62
Umb-MD -14.26cm/s
Umb-TAmax -23.82cm/s
Umb-HR 126bpm


VAISHNAVI RANI, 27.01.1999
B2841036 GA=36w4d
RAINBOW HOSPITAL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MI 1.2
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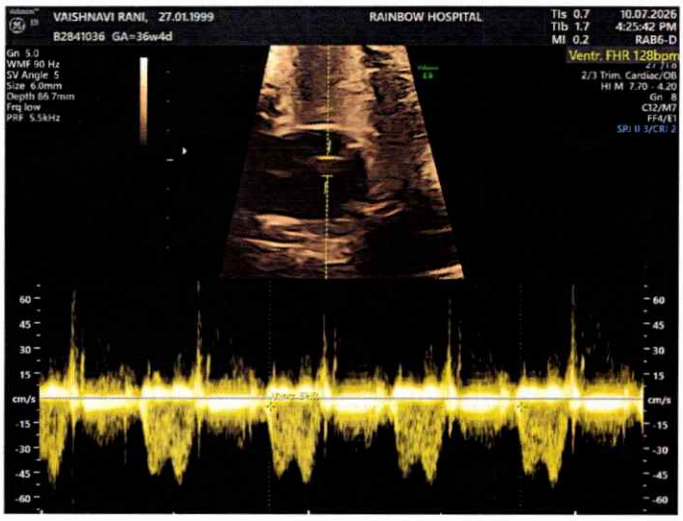
RAB6-D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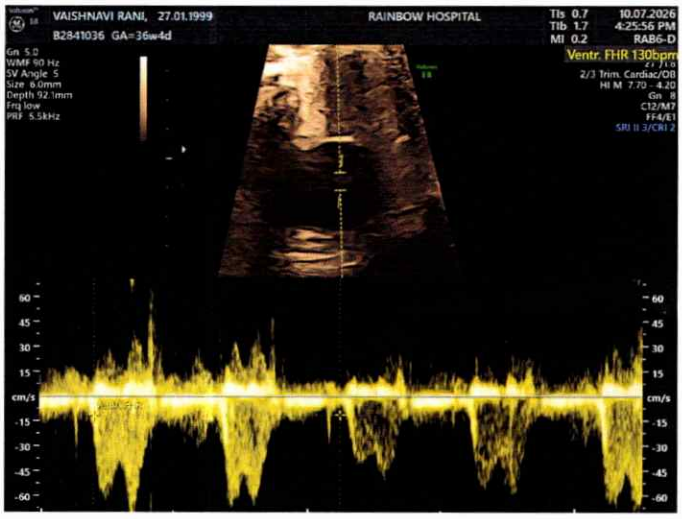
4:25:42 PM
RAB6-D
Ventr. FHR 128bpm
cm/s


VAISHNAVI RANI, 27.01.1999
B2841036 GA=36w4d
RAINBOW HOSPITAL
Tis 0.7
Tib 1.7
MI 0.2
10.07.2026
4:25:56 PM
RAB6-D
Ventr. FHR 130bpm
cm/s

Rainbow Childrens Hospital-Himayatnagar

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar Hyderabad Telangana

OPD Summary

UHID	BAH-00639455	**Visit No**	2607-003635
Patient Name	Mrs VAISHNAVI RANI	**Visit Date**	16-07-2026 04:40 PM
DOB / Age /	27-01-1999 / 27 Y 5 M 19 D / Female	**Consultation**	Follow-Up Visit
Doctor Name	Dr. SWATHI H V		
Department	OBSTETRICS AND GYNECOLOGY		
Specialization			

Ht : 160.00 Cms **Wt** : 76.10 kg **BSA** : 1.79 **BMI** : 29.73 Kg/m2 **Syt** : 118.00 mm Hg **Dia** : 72.00 mm Hg

Chief Complaints :

PRIMI - AT 37 WKS 3 D,
AFM WELL
C/O BOTH BREAST ENGORGEMENT AND DISCHARGE,

Examination :

PA- UT - TS , CEPHAL,
FHS+ REG, RELAXED ,

Doctor Recommendations :

CONTINUE IRON AND CALCIUM SUPPLEMENTS,
THREPTIN BISCUITS - 2 PER DAY,
HIGH PROTEIN DIET ,
CAP B LONG THRICE DAILY FOR 1 WEEK,
REVIEW- 22/7/2026 ,

Review Date : 22-07-2026

Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

Rainbow Childrens Hospital-Himayatnagar

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar Hyderabad Telangana

OPD Summary

UHID	BAH-00639455	**Visit No**	2607-002512
Patient Name	Mrs VAISHNAVI RANI	**Visit Date**	11-07-2026 04:20 PM
DOB / Age /	27-01-1999 / 27 Y 5 M 14 D / Female	**Consultation**	First Visit
Doctor Name	Dr. SWATHI H V		
Department	OBSTETRICS AND GYNECOLOGY		
Specialization			

Ht : 160.00 Cms **Wt** : 74.20 kg **BSA** : 1.78 **BMI** : 28.98 Kg/m2 **Syt** : 108.00 mm Hg **Dia** : 67.00 mm Hg

Chief Complaints :

PRIMI AT 36 WKS 5 D,
AFM WELL,
SCAN DONE AT 36 WKS 4D,
EBW- 2.5 KG (15%),
AC- 2% ,
PL- A/H ,
DOPPLER NORMAL,
USG KUB- MODERATE RIGHT SIDED - HYDRONEPHROSIS, DISTALL CALCULUS CANNOT BE RULED OUT ,

Past History :

H/O Anal Fissure surgery in 2024
H/O Left Breast Abscess surgery done in Feb 2025

Examination :

PA- UT TS , CEPHAL, FHS+ REG, RELAXED ,

Doctor Recommendations :

CONTINUE IRON AND CALCIUM SUPPLEMENTS,
THREPTIN BISCUITS - 2 PER DAY,
HIGH PROTEIN DIET ,
REVIEW> 16/7/2026 ,
TO DO- CBC,

Review Date : 16-07-2026

- LUCIARA / BD OIL

- CALADRYL lotion

Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

**** This Card is Valid upto 18-07-2026 or First Visit - Which ever is the earliest ****