

Nominee's Full Name (Surname first) and Address			Age	Relationship to yourself	
If Nominee is a minor, Appointee's Full Name and Address			Age	Relationship to Nominee	
			Signature of Appointee as token of consent		
Plan & Term	Sum Proposed	Is Accident Benefit required?	If policy is to be dated back, indicate date	Amount deposited	BOC No.
Mode (Yearly, Half-yearly, Quarterly Monthly or under SSS)		Paying Authority Code	Dept. No.	Badge or S.R.No.	

Present Occupation		Exact Nature of Duties		
Name of present employer		Length of Service with Him		
Education Qualification	Annual Income Rs.	Sources of Income	Are you an Income Tax Assesses?	
If you are employed in the Armed Forces, please state:				
Wing to which you belong.	Rank therein	Date of last Medical Examination	Medical category after Medical examination	Were you ever below A-1 Category? If so, when?
Is your life now being proposed for another assurance or an application for revival of a policy on you life under consideration in any office of the corporation? If yes, give details.				
Has a proposal (or an application for revival of a policy) on your life made t o any office of the Corporation ever been			Answer 'Yes' or 'No'	If yes. Give details.
(a) Withdrawn, Deferred, Dropped or Declined				
(b) Accepted with Extra Premium or Lien?				
(c) Accepted on terms otherwise than those proposed?				

Family History				
		Living		Dead
Family History:	Age	State of health	Age of death	Cause of Death
Father				
Mother				
Brothers Living..... Dead.....				
Sisters Living..... Dead.....				
Children Living..... Dead.....				
Personal History		Answer `Yes` or `No`	If `Yes`, Please give full details	
During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week?				
Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation?				
Have you remained absent from place of work on grounds of health during the last 5 years?				
Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system?				
Are you suffering from or have you ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy or any other disease?				
Did you ever have any bodily defect or deformity?				
Did you ever have any accident or injury?				
Do you use or have you ever used -				
i) Alcoholic drinks				
ii) Narcotics				
iii) Any other drugs				
iv) Tobacco in any form				
What has been your usual state of health?				
Have you ever required or at present availing/undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related condition.				

DECKARATUIB VT TGE ORIOISER

I.....the person whose life is herein being proposed to be assured. Do hereby declare the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and / or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy. I, my heirs, exe cutors, administrators and assignees or any other person or person having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation.

Any I further agree that if after the date of submission of the proposal but before the issue of the first Premium Receipt (i) any change in my occupation or any adverse circumstance connected with m y financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation has been withdrawn or dropped, de ferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this assurance invalid and all money, which shall have been paid in respect thereof, shall stand forfeited to the corporation.

19.....

Date aton theday of.....19.....

Date of 19

Signature of witness

Name.....

Signature or thumb impression of the Person whose life is proposed to be assured

Occupation -----

Address:.....
.....

(1) Declaration by the person filling in the form:
Declarant's Name & Address:.....
.....
.....PIN.....

I hereby declare that I have fully explained the above question to the Proposer and I have truthfully recorded the answers give by the Proposer.

IN CASE THE PROPOSER IS ILLITERATE:

.....
Signature

(2) His/Her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration impression should be made by him.

I hereby declare that I have explained the contents of this Form to the Proposer inlanguage and that the Proposer has affixed their thumb above After fully understanding the contents thereof.

Name & Address of the declarant:
.....
.....
.....
PIN.....

.....
Signature

Insurance Act 1938 Under Section 41(Summary)

N.B.: Rebate of premiums shall be allowed only in accordance with the details given in the prospectus or premium rates or, as the case may be, the relevant document, and that an offer or acceptance of any other rebates shall be an offence under Section 41 of the Insurance Act, 1938.

For Medical Cases Only

I certify that the Life Assured has signed/put his/her thumb impression in my presence after admitting that all the answers to Question Nos. 10 onwards of this form have been correctly recorded.

.....
Signature of Thumb impression of the proposed.

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N.B. – Signature or Thumb impression should be affixed In presence of Medical Examiner.

Signature of the Medical Examiner