

			be dated back, Indicate date	deposited	
		Single premium			

The following questions are to be answered by the proposer No. 1 (parent) only

4A. Present Occupation

Exact Nature of Duties

4B. Name of present employer

Length of Service with Him

5.

Education Qualification	Annual income Rs.	Sources of Income	Are you an Income Tax Assessee?

6. If you are employed in the Armed Forces, please state:

Wing to which you belong	Rank therein	Date of Invt. medical Examination	Medical category after medical examination	Were you ever below A-1 Category? If so, when?

7. Is your life also proposed for another assurance or an application for Revival of a policy on your life is under consideration in any office of the Corporation? If yes, give details.

8. Has a proposal (or an application for revival of a policy) on your life made to any office of the Corporation ever been

Answer `Yes` or `No`	If yes, give Details
----------------------------	----------------------------

- a) Withdraw, Deferred, Dropped or Declined?
- b) Accepted with Extra Premium or Lien?
- c) Accepted on terms otherwise than those proposed?

9. Please give details of your previous insurance: (including policies surrendered/lapsed during last 3 years)

Policy No.	Office Of the Corpn		Table & Term	Sum Assured	Year of Issue	Whether Accepted as Proposed at Ordinary Rates	With or Without Accepted Benefit	Medical Or Non-medical	Whether In force for full Sum Assured	If not give Due date of Last Premium Paid or Date of surrender
	DO	BO								

N.B.: Corporation does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into paid up policy within the last 3 years.

10. Family History:

	Living		Dead	
	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brothers: Living				
Dead.				
Sisters: Living				
Dead.				
Wife /Husband				
Children: Living				
Dead.				

11. Personal history	Answer `Yes` or `No`	If `Yes`, Please give full details
<p>a) During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than one week?</p> <p>b) Have you ever been admitted to my hospital or nursing home for general check up, observation, treatment or operation? Give details.</p> <p>c) Have you remained absent from place of work or grounds of health during the last 5 years?</p> <p>d) Are you suffering from or have you ever Suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system?</p> <p>e) 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?</p> <p>f) Did you ever have or are you having any bodily defect or deformity?</p> <p>g) Did you ever have any accident or injury?</p> <p>h) Do you use or have you ever used -</p> <ul style="list-style-type: none"> (i) Alcoholic drinks (ii) Narcotics (iii) Any other drugs (iv) Tobacco in any form (v) <p>(i) What has been your usual state of health?</p> <p>(j) Have you ever required or at present availing/Undergoing medical advice, treatment or tests in Connection with Hepatitis B or AIDS related condition?</p>		
12. In Non-medical cases, please state exact Height in Cms, and Weight in Kgs. (without shoes)	Height	Weight

13.A. Additional Questions in the case of female lives:

Are you pregnant Now?	Date of last Delivery	Have you had nay abortion or miscarriage Caesarian Section? If so, give details.	Date of last menstruation

13B.

Husband's full Name	His Occupation	His annual income

13C.Details of Husband's Insurance:

Policy No.	Office of Corporation	Sum Assured	Table & Term	Present status of the policy

13D.For the purpose of reference gives name, occupation and permanent address of a friend.

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ANSWER TO QUESTIONS IS GICEN AFTER READING TE QUESTIONS CAREFULLY.

DECLARATION BY THE PROPOSER No. 1 (PARENT). AND NATURAL/LEGAL GUARDIAN OF THE PROPOSER No.2 – (NAMED CHILD)

We, (I)(II).....Jointly and severally Declare the foregoing statements and answers have been given by the Proposer No.1 (Parent) (i.e. the person whose life is herein being proposed to be assured) after fully understanding the questions and the same are true and complete in every particular and that no information has been withh eld and we hereby jointly and severally declare that these statements and this declaration shall be the basis of the contract of assurance between us 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 and doctor, hospital and or employer from divulging any knowledge or information about and concerning the proposer's (parent) health or employment on the grounds of secrecy, we, our heirs, executors, administrators and assigness or any other person or person having interest of any kind whatsoever in the policy contract issued to us, 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.

And we further jointly and severally agree that if after the date of submission of the proposal but before issue of the First Premium Receipt (I) any change in the proposer's (parent) occupation or any adverse circumstance connected with his financial position or in his general health or that of any members of his family occurs or (ii) if a proposal for assurance or an application for revival of a policy on his life made to any office of the Corporation has been withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed, we shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on our part to do so shall render this assurance invalid and all moneys, which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

Date at.....on the.....day of1999/2000

Signature of witness

.....
i) Signature or thumb impression of the person whose life is proposed to be Assured [Proposer No.1 (parent)]

Name:

Occupation:

Address:

Signature of witness

.....
ii) Signature of thumb impression of the natural/legal guardian on behalf of the Proposer No.2 -(named child).

Name:

Occupation:

Address:

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

I hereby declare that I have fully explained the above questions to the Proposers and I Have truthfully recorded the answers given by the Proposers

.....
.....
.....PIN.....

IN CASE THE PROPOSER IS ILLITERATE:

(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 should be made by him.

I hereby declare that I have explained the contents of this form to the Proposers inLanguage and that the Proposers have affixed their thumb impression above After fully understanding the contents thereof.

Name & Address of Declarant:

.....
.....
.....
.....PIN.....

For Medical Cases only

I certify that the Life Assured (Proposer No.1 -Parent) ha 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
Proposer No.1 (parent)

N.B. Signature of Thumb impression should be
Affixed in presence of Medical Examiner.

.....
Signature of the Medical Examiner

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 of premium rates, or as the case may be, the relevant document and that an offer or a cceptance of any other rebates shall be an offence under section 41 of the Insurance Act, 1938