

Basic Details

Reference Number : 4092020160936



Proposer Name

Sharath

Full Address

Bangalore

Pincode

560103

Phone

9880215401

Joining Date of Government Service

06-12-1999

Present Designation

Assistant Director

Present Working office

Bengaluru

Physical Details

Proposer's Height [Cms]

10

Proposer's Weight [Kgs]

01

Proposer's Pulse Rate [No's/Min]

12

Proposer's Breathing Rate [No's/MIN]

12

Proposer's Blood Pressure

12

Low / Dystolic

12

HIGH Systolic

12

Remarks

Very Good

Other Details

Was Proposer Admitted To Hospital?

☐

Yes

☒

No

Choose File

No file chosen

Has Proposer Met With an Accident?

☒

Yes

☐

No

hi

Previously uploaded Document

[Click Here](#)

Choose File

No file chosen

Has Proposer Undergone Test Like Ecg, X-Ray, Lasseray?

☒

Yes

☐

No

Hello

Previously uploaded Document

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Choose File

No file chosen

At Present Has Proposer Undergone Any Treatment?

☐

Yes

☒

No

Choose File

No file chosen

Health Details

Is There Any Symtoms Of Having Illness in Chest, Heart, Lungs?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>
Is there Any Symtoms Of Having Illness in Teeth, Toung, Ear, Nose, Throat, Eyes?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<div>Hello</div>	<div>Previously uploaded Document <a href="#">Click Here</a><div>Choose FileNo file chosen</div></div>
Does have Deficiency/Disability?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<div>hello</div>	<div>Previously uploaded Document <a href="#">Click Here</a><div>Choose FileNo file chosen</div></div>
Does Proposer Have Thyroid, lymph Node, in Jointer, have Scars For Surgery?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>
Indication Of Enlargement Spleen or Liver?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>
Any Abnormality in Any Part Of Gastro Intestinate Track?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>
Does Proposer Suffer from Hernia?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<div></div>	<div>Choose FileNo file chosen</div>

Doctor Details

KMC / IMC code	Doctor Name
<div>147370</div>	<div>Dr Saroj Gowda</div>
KGID	Designation
<div>PQR9876</div>	<div>General Physician</div>
Name of Hospital	
<div>Appolo Hospital</div>	

Doctor Details

☐ I do hereby declare that the proposal statements and those made by me to the Medical Officer are true to the best of knowledge and belief and that I have not with-held or concealed any circumstance with regard to which information has been required from me. I agree that the statements made by me shall be the basis of the proposed ontract for any insurance of my life and that if it shall hereafter appear that I have wilfully made any untrue statements or have fraudulently concealed any circumstance which I ought to have made know, then all the premiums which shall have been paid under the said contract shall be forfeited, and the contract rendered absolutely null and vold.