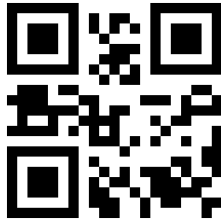


Basic Details

Reference Number : 15092020130247



Proposer Name

Durga

Spouse Name

Present Working office

Mysore

Father Name

Ramachandra

Date of Birth

23-09-1980

Place of Birth

Mysore

Gender

Female

Residential Address

Odisha

Pincode

755016

Phone

8900015470

Joining Date of Government Service

23-05-2005

Permanent / Temporary

Permanent

Present Designation

Trainee

Present Pay Scale

17000.00 - 28950.00

Group

A

Marital Status ☒ Married ☐ Unmarried

Is spouse government employee? ☒ Yes ☐ No

Please Select ☒ PAN Number ☐ KGID Number

Spouse PAN Number

Biedp9191E

Payscale Details

Employee Pay Scale : 17000.00 - 28950.00

Monthly Premium Details (Minimum) in rupees

0

Enter Amount in rupees

0

KGID Premium Details

KGID Policy Number / Application Ref Number	Sanction Date	KGID Premium
15092020130247		1435.94
15092020130247		1435.94
Total:		2871.88

Nominee Details

Name of Nominee	Age of Nominee	Relation	% Share	Name of Guardian	Relation with Guardian	Action
Spouse	30	Spouse	100			Edit Delete

Family Details

Name of family member	Relation	Date of Birth	Age of Family Member	Alive / Dead	Is Sibling Married?	Alive (Health Condition)	Date of Death	Dead (Death Reason)	Action
Bro	Brother	01-09-1991	29	Alive	Unmarried	Good			Edit Delete
Father	Father	01-09-1960	60	Alive	N/A	Good			Edit Delete
Mother	Mother	01-09-1973	47	Alive	N/A	Good			Edit Delete
Spouse	Spouse	01-09-1990	30	Alive	N/A	Good			Edit Delete

Personal Details

Is your health in good condition :

☒ Yes☐ No

Height [cms]

Cms To Feet Chart

[Click Here](#)

Weight [kgs]

Recent Period Date

Are you pregnant now?

☐ Yes☒ No

Are you married ? If so,

☒ Yes☐ No

(i) Since how long?

(ii)Spouse Occupation Address

Private Job, Bangalore

Details about personal health

On what occasion and for what diseases or injuries have you received medical advice, when and by whom?

☒ Yes☐ No

Test

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Choose File

No file chosen

Has any relative (member of your family) living or, dead, been affected with diabetes, Cancer, Gout, Consumption, epilepsy, Insanity, Apoplexy, Heart failure ? If so, give particulars.

☐ Yes☒ No

Choose File

No file chosen

Have you lived in the same house or been associated in any way with a person suffering from consumption or any other infectious diseases within the last two years ? If so, give details.

☐ Yes☒ No

Choose File

No file chosen

Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder ?

☐ Yes☒ No

Choose File

No file chosen

☐ Yes☒ No

9/15/2020

Application Form

Have you ever suffered from Sore-throat, Spitting of blood, Chronic Cough, Asthma, Bronchitis or other diseases of the Lungs ?

Choose FileNo file chosen

Have you ever suffered from Dropsy or diseases of the Liver Kidney or Urinary Organs ?

Yes

No

Choose FileNo file chosen

Have you ever vomited or passed blood or suffered from Diarrhoea, Dysentery or Stomach ache ? If so, since when, how often and how long each time ?

Yes

No

Choose FileNo file chosen

Have you ever suffered from Rheumatic fever or chronic Rheumatism? If so, what joints were attacked? do you suffer from shortness of breath, giddiness or palpitation of heart? If so, since when how often and how long each time ?

Yes

No

Choose FileNo file chosen

Have you ever passed blood, pus, sugar, or albumen in urine? How often do you get up at night to pass urine?

Yes

No

Choose FileNo file chosen

Have you had any other illnesses considered by you to be important or not? If so, give details.

Yes

No

Choose FileNo file chosen

Do you drink wine, spirits or malt liquors? Are you addicted to the use of any narcotic drugs like opium, cocaine, etc. If so, give particulars, Do you smoke tobacco? If so, to what extent ?

Yes

No

Choose FileNo file chosen

[a] Have you remained absent from your work on grounds of health during the last 3 years? If so, state when, how long and or what ailments?

Yes

No

Choose FileNo file chosen

[b] Were you medically advised to have a change of place for health reasons? If so, give reasons and state when and how long.

Yes

No

RE

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Choose FileNo file chosen

Has any proposal on your life been previously made to official Branch or Life Insurance Corporation, or Postal Insurance, or Hyderabad state Life Insurance fund? If so, state.

Yes

No

[a] Whether accepted at ordinary or special rates or with a load, or on terms other than those proposed or postponed or declined.

Accepted

Postponed

Declined

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[Click Here](#)

Choose FileNo file chosen

[b] If so, state the name of the organisation proposal or Policy No.

123

[c] Policy or Proposal number in Official branch.

Ban

Declaration

1. Durga, who has put forward the mandatory life insurance policy, I declare that I have come to know all the questions in this proposal and have provided them with factual information.

2. In the interim period from the date of submission to the date of acceptance, I will notify the insurance department in writing if there is a difference in my health.

3. I am aware that the information I have provided is the basis for the insurance contract and that the insurance contract is ineffective in paying for the false insurance policy.

4. I agree to all the provisions of the Mandatory Insurance Regulations.

I agree to the terms and condition mentioned above.

localhost:52373/Employee/ApplicationForm

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