## **Basic Details**

Reference Number: 20201106171304

Proposer Name



Full Address

Prakash	
Pincode	Phone
0	9568741203
Joining Date of Government Service	Present Designation
10-03-1999	Assistant Director
Present Working office	
Bengaluru	
Physic	al Details
Proposer's Height (cms)	Proposer's Weight (Kgs)
Proposer's Pulse Rate (nos./min)	Proposer's Breathing Rate (nos./min)

Proposer's Blood Pressure				Low / Dystolic	
High / Systolic				Remarks	
			Other	Details	
Was Proposer Admitted To Hospital?	○ Yes	• No			
Has Proposer Met With an Accident?	○ Yes	<ul><li>No</li></ul>			
Has Proposer Undergone Test Like Ecg, X-Ray, Laser Ray?	○ Yes	• No			
At Present Has Proposer Undergone Any Treatment?	○Yes	●No			

Is There Any Symtoms Of Having Illness in Chest, Heart, Lungs?	O Yes	No No
Is there Any Symtoms Of Having Illness in Teeth, Toung, Ear, Nose, Throat, Eyes?	○ Yes	● No
Does have Deficiency/Disability?	O Yes	• No
Does Proposer Have Thyroid, lymph Node, in Jointer, have Scars For Surgery?	○ Yes	• No
Indication Of Enlargement Spleen or Liver?	O Yes	• No

Any Abnormality in Any Part Of Gastro Intestinate Track?	○ Yes	• No			
Does Proposer Suffer from Hernia?	O Yes	• No			
			Doctor	Details	
KMC / IMC code				Doctor Name	
KGID				Designation	
Name of Hospital					

## **Declaration**

Ido 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 contract for any insurance of my life and that if it shall hereafter appear that I have wilfullymade any untrue statements or have fradulently 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 forfelted, and the contract rendered absolutely null and vold.