# **Basic Details**

Reference Number: 20210105112415



Proposer Name (As per SSC Memo/Service Record)	Gender
Employee1	Male
Present Working Office	
DISTRICT INSURANCE OFFICER, KARNATAKAGOVERNMENT INSURANCE DEPARTMENT, BANGALORI	E URBAN DISTRICT, BANGALORE
Father Name	Date of Birth
Father1	01-01-1985
Place of Birth	Phone
Bangalore	1234567890
Residential Address	
Bangalore	
Pincode	Group
560001	A
Joining Date of Government Service	Permanent / Temporary
02-02-2019	Permanent
Present Designation	Present Pay Scale
Assistant Director	17000.00 - 28950.00

Marital Status	<ul><li>Married</li></ul>	Unmarried	Divorce / Remarried N/A
Spouse Name	ABC		
Is Spouse Government Employee?	O Yes	<ul><li>No</li></ul>	

## **KGID** Details

#### KGIDPremium Details

KGIDPolicy Number / Application Ref Number	Sanction Date	KGID Premium
BNG02012021123456789020257	02-01-2021	900
20210105112415		1500
	Total:	2400

# **Nominee Details**

Name of Nominee	Age of Nominee	Relation	% Share	Name of Guardian	Relation with Guardian	Action
ABC	46	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
Father1	Father	01-01-1975	46	Alive	N/A	good			Edit
ouo	Mother	01-01-1975	46	Alive	N/A	good			Edit
ABC	Spouse	01-01-1975	46	Alive	N/A	good			Edit

Number of Brother's	0	Number of Sister's	0
Number of Children	0		

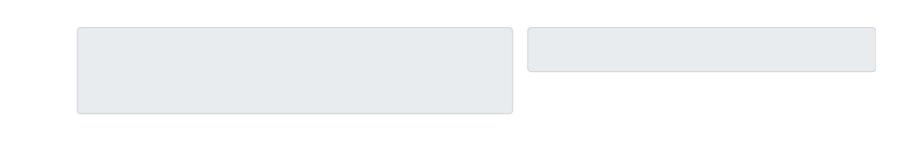
# **Personal Details**

Is your health in good condition:	• Yes	○ No	Height [cms]	Weight [kgs]		
Are you married? If so,	• Yes	○ No				
(i) Since how long?						
Details about personal health On what occasion and for what diseases or injuries have you received medical advice, when and by whom?	O Yes	⊚ No				
ou received medicar advice, when and by whom:						
Has any relative (member of your family) living or, dead, seen affected with diabetes, Cancer, Gout, Consumption, pilepsy, Insanity, Apoplexy, Heart failure? If so, give sarticulars.	O Yes	No				
articulars.						
Have you lived in the same house or been associated in my way with a person suffering from consumption or any other infectious diseases within the last two years? If so, give details.	O Yes	● No				
Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder?	○ Yes	No				

Have you ever suffered from Sore-throat, Spitting of blood, Chronic Cough, Asthma, Bronchitis or other diseases of the Lungs?	O Yes	• No	
Have you ever suffered from Dropsy or diseases of the Liver Kidney or Urinary Organs?	O Yes	● No	
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?	O Yes	No	
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?	O Yes	No	
Have you ever passed blood, pus, sugar, or albumen in urine? How often do you get up at night to pass urine?	O Yes	• No	
Have you had any other illnesses considered by you to be important or not? If so, give details.	O Yes	• No	
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?	O Yes	• No	
[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?	O Yes	• No	

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

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,



## **Medical Leave Details**

undefined

## **Declaration**

- Employee1, 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.
   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.
   I am aware that the information I have provided is the basis for the insurance contract and that the insurance contract is infective in paying for the false insurance policy.
   I agree to all the provisions of the Mandatory Insurance Regulations.