

# Basic Details

Reference Number : 20201214153148



Proposer Name

Sajan

Full Address

#3, 5th cross,

Pincode

75501

Phone

9865422199

Joining Date of Government Service

10-03-2016

Present Designation

Assistant Director

Present Working office

Bengaluru

# Physical Details

Proposer's Height (cms)

Proposer's Pulse Rate (nos./min)

Proposer's Blood Pressure

High / Systolic

Proposer's Weight (Kgs)

Proposer's Breathing Rate (nos./min)

Low / Dystolic

Remarks

Other Details

Was Proposer Admitted To Hospital? ☐ Yes ☒ No

Has Proposer Met With an Accident? ☐ Yes ☒ No

Has Proposer Undergone Test Like Ecg, X-Ray, Laser Ray? ☐ Yes ☒ No

At Present Has Proposer Undergone Any Treatment? ☐ Yes ☒ No

Health Details

Is There Any Syntoms Of Having  
Illness in Chest, Heart, Lungs?

☐ Yes

☒ No

Is there Any Syntoms Of Having  
Illness in Teeth, Toung, Ear, Nose,  
Throat, Eyes?

☐ Yes

☒ No

Does have Deficiency/Disability?

☐ Yes

☒ No

Does Proposer Have Thyroid, lymph  
Node, in Jointer, have Scars For  
Surgery?

☐ Yes

☒ No

Indication Of Enlargement Spleen or Liver?

☐ Yes

☒ No

Any Abnormality in Any Part Of Gastro Intestinate Track?

☐ Yes

☒ No

Does Proposer Suffer from Hernia?

☐ Yes

☒ No

# Doctor Details

KMC / IMC code

KGID

Name of Hospital

Doctor Name

Designation

# Declaration

☐ 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 contract 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 void.