Basic Details

Reference Number : **20201216171357**

Proposer Name

Sanvitha

Full Address

Pincode

0

Phone

9859871011

Joining Date of Government Service

10-03-2016

Present Designation

Assistant Director

Present Working office

Bengaluru

Physical   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 ● 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 Symtoms Of Having Illness in Chest, Heart, Lungs?	○ Yes	◉ No		
Is there Any Symtoms 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

Doctor Name

KGID

Designation

Name of Hospital

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 wilfullymade 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.