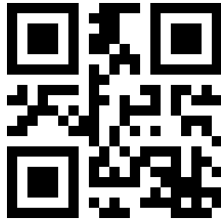


Basic Details

Reference Number : 9092020104015



Proposer Name

Sharath

Spouse Name

Present Working office

Bengaluru

Father Name

Chandrashekhar

Date of Birth

01-08-1967 12:00:00 AM

Place of Birth

Bengaluru

Gender

Male

Residential Address

Bangalore

Pincode

560103

Phone

9880215401

Joining Date of Government Service

1999-12-06

Permanent / Temporary

0

Present Designation

Assistant Director

Present Pay Scale

17000.00 - 28950.00

Group

A

Marital Status ☒ Married ☐ Unmarried

Is spouse government employee? ☒ Yes ☐ No

Are you an orphan? ☐ PAN Number ☒ KGID Number

Spouse KGID Number

123456

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
4092020160936		1435.94
Total:		1435.94

Nominee Details

Name of Nominee	Age of Nominee	Relation	% Share	Name of Guardian	Relation with Guardian	Action
Father	55	Father	100			<div>EditDelete</div>

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
Father	Father	08-09-1965	55	Alive	N/A	Good			<div>EditDelete</div>
Mother	Mother	01-09-1974	46	Alive	N/A	Good			<div>EditDelete</div>
Spouse	Spouse	01-09-1990	30	Alive	N/A	Good			<div>EditDelete</div>

Personal Details

Reference Number :

Is your health in good condition :

☐ Yes ☒ No

Height [cms]

Cms To Feet Chart [Click Here](#)

Weight [kgs]

Details about personal health

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

☐ Yes ☒ No

Choose FileNo 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 FileNo 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 FileNo 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 FileNo file chosen

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

☐ Yes ☒ No

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

☐ 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 ?

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 File

No file chosen

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

☐ Yes

☒ No

Choose File

No 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 File

No 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 File

No 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

Choose File

No 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

Declaration

1. Sharath, 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.