

Karnataka Government Insurance department

Facing Sheet

Application Reference Number	Policy Number	District Insurance Office Address

The Name of the Insurer is Mr / Mrs _____

First / Subsequent Numbers of Insurance policies that already exist	First / Subsequent Numbers of Insurance policies that already exist

Challan Reference Number _

Proposal submitted by Mr / Mrs _____ with Initial Deposit of ₹ _____

The medical Report has been checked by District insurance officer/ Deputy director/Director and Approved.

caseworker

Date:

Superintendents District Insurance
Officer / Drawing and Disbursing Officer

Date:

Key points and recommendation noted in the
Proposal form / medical report

Order of passage

DIO Sign

Deputy Director sign

Director sign

Acurate Computations After acceptance

Date of Risk: _____

Monthly Premium: _____

Date of Birth: _____

Sum Assured Amount: _____

Age of Insurer: _____

Maturity Month/Year: _____

Date of Issue of Policy Bond: _____

District Insurance Officer

Date: