



KARNATAKA GOVERNMENT INSURANCE DEPARTMENT
LIFE INSURANCE PROPOSAL FORM (Compulsory Life Insurance)

BASIC DETAILS

Date of submission of proposal: 17-08-2021

Proposal No.: **20210817144105**

Proposer Name: Akshay N (Akshay N)

Father Name: Naveen D (Naveen D)

Gender: Male

Date of Birth: 01-01-1990

Place of Birth: KOPPAL

Residential Address: 45,3rd cross

Pin Code: 564478

Mobile No.: 9999996767

E-Mail: Aks454y@gmail.com

PAN Number: BEDJF0349B

Group: C

Marital Status: Unmarried

Spouse Name: N/A



QR Code :

Address of the District Insurance Office: DISTRICT
INSURANCE OFFICER, KARNATAKA
GOVERNMENT INSURANCE DEPARTMENT,
BANGALORE URBAN DISTRICT, BANGALORE

Present Working Office: ADDITIONAL DIRECTOR
GENERAL OF POLICE, STATE INTELLIGENCE
WING, BENGALURU

Date of entry into Government Service: 25-09-2020

Permanent / Temporary: Permanent

Present Designation: ATTENDER

Present Pay Scale: 23500.00 - 47650.00

Initial Deposit Details:

Challan Reference No	Date	Amount (Rs).
KD0821801117145550	17-08-2021	2220

KGID DETAILS

First Policy Number	Total No. of Policies held	Amount of Premium paid	Total Amount

FAMILY DETAILS

Name	Relation	Date of Birth	Age	Alive / Dead	Is Sibling Married?	Health Condition	Date of Death	Death Reason
Naveen D	Father	01-06-1965	56	Alive	N/A	Good		
XXXXXX	Mother	01-02-1968	53	Alive	N/A	good		
wwwwwww	Brother	17-08-2007	14	Alive	UnMarried	good		

Number of Brother's : 1

Number of Sister's : 0

Number of Children's : 0

NOMINEE DETAILS

Name	Nominee Age	Relation	Guardian Name	Guardian Relation
Naveen D	56	Father		

PERSONAL DETAILS

- (a) Is your health in good condition now? : Yes
- (b) Details regarding any treatment taken for more than 1 week for any illness or undergone any surgery in last 3 years : No
- (c) Details regarding any absence from work due to illness during the last 3 years, state when, how long and for which disease. : No
- Have you ever suffered from diseases of stomach(Digestive system),Lungs,Urinary tract,Brain,Nerves or any other bodily parts,
- (d) Diabetes, Tuberculosis, Hyper or Hypo tension(high or low B.P), Cancer, Epilepsy(Epileptic seizures),Leprosy, Hernia, Hepatitis-B or HIV AIDS? If so provide details. : No
- Do you drink wine, spirits or malt liquors? Are you addicted to the use
- (e) of any narcotic drugs like opium, cocaine, etc. If so, give particulars, Do you smoke tobacco? If so, to what extent? : No
- (f) Have you had any other illnesses considered by you to be important or not? If so, give details. : No
- (g) Your exact height and weight
- Height [cms] :165
Weight [kgs] :60

DECLARATION

1. I Mr/Mrs/Kumari **Akshay N**, who has put forward the compulsory life insurance proposal, declare that I have come to know all the questions in this proposal completely, and have provided them with factual information.
2. If there is any difference in my health condition, in the interim period between the date of submission and the date of acceptance of the proposal, I will notify the same to the insurance department in writing.
3. I am aware that the information provided by me is the basis for the insurance contract. The insurance contract will be ineffective and the premiums paid by me will be forfeited by the government if the information provided by me are found to be incorrect.
4. I agree to all the conditions of the Compulsory Life Insurance Rules.

Date:

Place:

Signature of the Proposer and Designation

CERTIFICATION BY OFFICIAL SUPERIOR

1. Proposer has availed leave on medical grounds during the last 3 years, as mentioned below.

SL.No	From Date	To Date	Duration	Reason

* (An attested copy of medical certificate, if provided, has to be submitted along with the proposal.)

I attest that the information provided **Basic Details** has been scrutinized and is true and also that the proposer has provided factual information for all the questions above.

Date:
Place:

Seal & Signature of the officer
(Drawing & Disbursing Officer)
Designation and address including pincode

Note:

1. Government servant who have not crossed the age of 50 years are only eligible for submitting this proposal.
2. If the proposer is aged above 40 years or if the monthly premium of the proposed policy is more than Rs. 1000/- in such case, the proposer has to under go a medical examination and the medical examiner's report has to be submitted along with the proposal.
3. If the proposer ceases to be in government service on the date of acceptance of his proposal by the department the proposal stands cancelled automatically.