

Basic Details

Reference Number : 20210309122050



Proposer Name English (As per SSC Memo/Service Record)

MANISHA

Proposer Name Kannada(As per SSC Memo/Service Record)

Present Working Office

DISTRICT INSURANCE OFFICER, KARNATAKAGOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE

Father Name (English)

KODHANDARAMA

Father Name (Kannada)

Gender

Female

Date of Birth

22-04-1990

Place of Birth

BANGALORE

Phone

7832632762

Residential Address

FDGHFG

Pincode

560103

Group

C

Joining Date of Government Service

25-02-2021

Permanent / Temporary

Permanent

Present Designation

ACCOUNTS SUPERINTENDANT

Present Pay Scale

48900.00 - 92700.00

Marital Status



Married



Unmarried

Divorce / Remarried

-- N/A --

Spouse Name (English)

Spouse Name (Kannada)

Are you an orphan?



Yes



No

KGID Details

KGIDPremium Details

KGIDPolicy Number / Application Ref Number	Sanction Date	KGIDPremium
20210309122050		4430
Total:		4430

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)
KODHANDARAMA	Father	01-04-1980	40	Alive	N/A	SADFSDF		
ASDFA	Mother	05-04-1980	40	Alive	N/A	ASDFASDF		

Number of Brother's

0

Number of Sister's

0

Number of Children

0

Nominee Details

Name of Nominee	Age of Nominee	Relation	% Share	Name of Guardian	Relation with Guardian
KODHANDARAMA	40	Father	100		

Personal Details

Is your health in good condition? :	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Height [cms]	Weight [kgs]
			156	65
Married?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		

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Are you pregnant now?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Recent Period Date
			DD-MM-YYYY
I.Have you been Menstruating regularly	<input type="radio"/> Yes	<input checked="" type="radio"/> No	II.State the date of last Mensuration
			DD-MM-YYYY
III.State the number of Pregnancies			IV.How many have gone full time
0			
VI.State the date of last delivery			VII.Have you had any abortions or miscarriages or still birth
DD-MM-YYYY			

Details about personal health

(1) On what occasion and for what diseases or injuries have you received medical advice, when and by whom?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
(2) Has any relative (member of your family) living or, dead, been affected with diabetes, Cancer, Gout, Consumption, epilepsy, Insanity, Apoplexy, Heart failure? Ifso, give particulars.	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
(3) 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? Ifso, give details.	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
(4) Have you ever suffered from diseases of the Brain	<input type="radio"/> Yes	<input checked="" type="radio"/> No		

or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder?

(5) Have you ever suffered from Sore -throat, Spitting of blood, Chronic Cough, Asthma, Bronchitis or other diseases of the Lungs?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
(6) Have you ever suffered from Dropsy or diseases of the Liver Kidney or Urinary Organs?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
(7) 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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
(8) 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 ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
(9) Have you ever passed blood, pus, sugar, or albumen in urine? How often do you get up at night to pass urine?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
(10) Have you had any other illnesses considered by you to be important or not? Ifso, give details.	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
(11) 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? Ifso, to what extent?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
[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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		

[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

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. , 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.
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