

Basic Details

Reference Number : 20210218143429



Proposer Name (As per SSC Memo/Service Record)

Anand Ajfh

Gender

Male

Present Working Office

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

Father Name

Amar Amar

Date of Birth

20-10-1990

Place of Birth

KANNADA

Phone

9505957590

Residential Address

Pincode

0

Group

C

Joining Date of Government Service

25-10-2020

Permanent / Temporary

Permanent

Present Designation

Clerk

Present Pay Scale

19950.00 - 37900.00

Marital Status

☐ Married

☒ Unmarried

Spouse Name

Divorce / Remarried

-- N/A --

Are you an orphan?

☐ Yes

☒ No

KGID Details

KGIDPremium Details

KGIDPolicy Number / Application Ref Number	Sanction Date	KGIDPremium
20210218143429		1810
Total:		1810

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)
Amar Amar	Father	08-10-1975	45	Alive	N/A	SAD		
MA	Mother	30-09-1975	45	Dead	N/A		09-02-2021	SDF

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
Amar Amar	45	Father	100		

Personal Details

Is your health in good condition :	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Height [cms]	Weight [kgs]
			<div>156</div>	<div>65</div>
Are you married? If so,	<input type="radio"/> Yes	<input checked="" type="radio"/> No		

Details about personal health

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	<div></div>	<div></div>
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.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<div></div>	<div></div>
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.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<div></div>	<div></div>
Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<div></div>	<div></div>

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		
Have you ever suffered from Dropsy or diseases of the Liver Kidney or Urinary Organs?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
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		
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		
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		
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		
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?	<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. Anand Ajfh, 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 infective 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.
