

# 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: