Basic Details

Reference Number: 20201021142727

Proposer Name



Full Address

Raju	Bengaluru				
Pincode	Phone				
587203	8412036681				
Joining Date of Government Service	Present Designation				
20-01-2001	Director				
Present Working office					
Bengaluru					
Physical Details					
Proposer's Height (cms)	Proposer's Weight (Kgs)				
Proposer's Pulse Rate (nos./min)	Proposer's Breathing Rate (nos./min)				

Proposer's Blood Pressure				Low / Dystolic	
High / Systolic				Remarks	
			Other	Details	
Was Proposer Admitted To Hospital?	○ Yes	• No			
Has Proposer Met With an Accident?	○ Yes	No			
Has Proposer Undergone Test Like Ecg, X-Ray, Laser Ray?	○ Yes	• No			
At Present Has Proposer Undergone Any Treatment?	○Yes	●No			

Is There Any Symtoms Of Having Illness in Chest, Heart, Lungs?	O Yes	No No
Is there Any Symtoms Of Having Illness in Teeth, Toung, Ear, Nose, Throat, Eyes?	○ Yes	● No
Does have Deficiency/Disability?	O Yes	• No
Does Proposer Have Thyroid, lymph Node, in Jointer, have Scars For Surgery?	○ Yes	• No
Indication Of Enlargement Spleen or Liver?	O Yes	• No

Any Abnormality in Any Part Of Gastro Intestinate Track?	○ Yes	• No			
Does Proposer Suffer from Hernia?	O Yes	• No			
			Doctor	Details	
KMC / IMC code				Doctor Name	
KGID				Designation	
Name of Hospital					

Declaration

Ido hereby declare that the proposal statements and those made by me to the Medical Officer are true to the best of knowledge and belief and that I have not with-held or concealed any circumstance with regard to which information has been required from me. I agree that the statements made by me shall be the basis of the proposed contract for any insurance of my life and that if it shall hereafter appear that I have wilfullymade any untrue statements or have fradulently concealed any circumstance which I ought to have made know, then all the premiums which shall have been paid under the said contract shall be forfelted, and the contract rendered absolutely null and vold.