

Basic Details

Reference Number : 20210304115720



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

shri

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)

ajit

Father Name (Kannada)

Gender

Male

Date of Birth

10-03-1982

Place of Birth

karwar

Phone

8798667576

Residential Address

BANGALORE

Pincode

879654

Group

C

Joining Date of Government Service

01-03-2021

Permanent / Temporary

Permanent

Present Designation

ACCOUNTANT GRADE-I

Present Pay Scale

21400.00 - 42000.00

Marital Status



Married



Unmarried

Spouse Name (English)

Spouse Name (Kannada)

Divorce / Remarried

-- N/A --

Are you an orphan?



Yes



No

KGID Details

KGIDPremium Details

KGIDPolicy Number / Application Ref Number	Sanction Date	KGIDPremium
20210304115720		2300
Total:		2300

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)
ma	Mother	14-03-1960	30	Dead	N/A		15-03-1990	accident
sis	Sister	11-03-1997	23	Alive	Married	good		
bro	Brother	06-03-1996	22	Dead	Married		14-03-2018	sdfs
ajit	Father	18-03-1954	66	Alive	N/A	good		

Number of Brother's

1

Number of Sister's

1

Number of Children

0

Nominee Details

Name of Nominee	Age of Nominee	Relation	% Share	Name of Guardian	Relation with Guardian
sis	23	Sister	78		
ajit	66	Father	22		

Personal Details

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

Details about personal health

(1) On what occasion and for what diseases or injuries have you received medical advice, when and by whom?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<div>ewr</div>	<div>Previously uploaded Document</div> <div>Click Here</div> <div></div>
(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 checked="" type="radio"/> Yes	<input type="radio"/> No	<div>ewr</div>	<div>Previously uploaded Document</div> <div>Click Here</div> <div></div>
(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 checked="" type="radio"/> Yes	<input type="radio"/> No	<div>ewr</div>	<div>Previously uploaded Document</div> <div>Click Here</div> <div></div>
(4) Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<div>ewr</div>	<div>Previously uploaded Document</div> <div>Click Here</div> <div></div>

(5) Have you ever suffered from Sore -throat, Spitting of blood, Chronic Cough, Asthma, Bronchitis or other diseases of the Lungs?

☒ Yes

☐ No

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(6) Have you ever suffered from Dropsy or diseases of the Liver Kidney or Urinary Organs?

☒ Yes

☐ No

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(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?

☒ Yes

☐ No

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(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 ?

☒ Yes

☐ No

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(9) Have you ever passed blood, pus, sugar, or albumen in urine? How often do you get up at night to pass urine?

☒ Yes

☐ No

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(10) Have you had any other illnesses considered by you to be important or not? Ifso, give details.

☒ Yes

☐ No

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(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?

☒ Yes

☐ No

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[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?

☒ Yes

☐ No

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[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

[a] Whether accepted at ordinary or special rates or with a load, or on terms other than those proposed or postponed or declined.

☒ Accepted ☐ Postponed ☐ Declined

[b] If so, state the name of the organisation proposal or Policy No.

[c] Policy or Proposal number in Official branch.

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Declaration

- 1. shri, 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.
