

Basic Details

Reference Number : 20201215115409



Proposer Name

Kity

Spouse Name

anita

Present Working Office

Bengaluru

Father Name

Rajesh

Date of Birth

20-05-1983

Place of Birth

karwar

Gender

Male

Residential Address

Dharwad

Pincode

560029

Phone

9865429874

Joining Date of Government Service

10-03-2016

Permanent / Temporary

Permanent

Present Designation

Assistant Director

Present Pay Scale

18600.00 - 32600.00

Group

A

Marital Status

☒ Married

☐ Unmarried

Divorce / Remarried

Divorce

Is Spouse Government Employee? ☐ Yes ☒ No

KGID Details

KGIDPremium Details

KGIDPolicy Number / Application Ref Number	Sanction Date	KGIDPremium
BNG15122020986542987410206	15-12-2020	1600
20201215115409		800
Total:		2400

Nominee Details

Name of Nominee	Age of Nominee	Relation	% Share	Name of Guardian	Relation with Guardian	Action
anita	43	Spouse	100			<div>EditDelete</div>

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)	Action
Rajesh	Father	02-05-1973	47	Dead	N/A		01-12-2020	sad	<div>Edit</div>
Lekaha	Mother	02-05-1973	47	Alive	N/A	dsf			<div>Edit</div>
anita	Spouse	17-05-1977	43	Alive	N/A	dxfs			<div>EditDelete</div>

Number of Brother's

0

Number of Sister's

0

Number of Children

0

Personal Details

Is your health in good condition : ☒ Yes ☐ No

Height [cms]

Weight [kgs]

Are you married? If so, ☒ Yes ☐ No

(i) Since how long?

Details about personal health

On what occasion and for what diseases or injuries have you received medical advice, when and by whom? ☐ Yes ☒ No

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. ☐ Yes ☒ No

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. ☐ Yes ☒ No

Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder? ☐ Yes ☒ No

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

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)	Action
01-12-2020	09-12-2020	9				<div><div>Edit</div><div>Delete</div></div>

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 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.