

Basic Details

Reference Number : 12062020160907



Proposer Name

VENKATESHA NAIDU

Spouse Name

SHIVALILA

Present Working office

RANGE FOREST OFFICER, SOCIAL FORESTRY RANGE, AURAD

Father Name

V P NAIDU

Date of Birth

15-07-1965

Place of Birth

DHARWAD

Gender

MALE

Full Address

Bengaluru

Pincode

750103

Phone

8954863245

Joining Date of Government Service

01-01-1990

Permanent / Temporary

Permanent

Present Designation

Assistant Director

Present Pay Scale

17000-28950

Payscale Details

Monthly Premium Details (Minimum) in rupees

1440.00

Enter Amount in rupees

1440.00

KGID Premium Details

| KGID Policy Number | KGID Premium |
|----------------------------|--------------|
| No data available in table | |
| Total: | 0 |

Nominee Details

| Marital Status | Name of Nominee | Age of Nominee | Relation | % Share | Name of Guardian | Age of Guardian | Action |
|----------------|-----------------|----------------|----------|---------|------------------|-----------------|--------|
| Unmarried | Anusha | 57 | Father | 100 | | | Delete |

Family Details

| Relation | Date of Birth | Alive / Dead | Alive (Health Condition) | Dead (Death Reason) | Age of Death | Action |
|----------|---------------|--------------|--------------------------|---------------------|--------------|--------|
| Brother | 01-06-2020 | Alive | good | | | Delete |

Personal Details

Is your health in good condition :

☐ Yes

☐ No

Height [cms]

Details of ailment in last 3 years for which you have undergone treatment for more than a year or undergone surgery:

Weight [kgs]

Details about personal health

On what occasion and for what diseases or injuries have you received medical advice, when and by whom?

☐ Yes

☒ No

Choose File

No file chosen

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

Choose File

No file chosen

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

Choose File

No file chosen

Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder ?

☐ Yes

☒ No

Choose File

No file chosen

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

☐ Yes

☒ No

Choose File

No file chosen

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

☐ Yes

☒ No

Choose File

No file chosen

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

Choose File

No file chosen

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

Choose File

No file chosen

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

☐ Yes

☒ No

Choose File

No file chosen

Have you had any other illnesses considered by you to be important or not? If so, give details.

☐ Yes

☒ No

Choose File

No file chosen

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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 ?

Choose File

No file chosen

[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

Choose File

No file chosen

[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

Choose File

No file chosen

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

☐ I VENKATESHA NAIDU hereby declare that I have explained the contents of this application form to the life to be assured in language and have truthfully recorded the answers provided to me.

Date : 12-06-2020