

6/6/2020

Application Form

Proposer Name

KRISHNA NAIK K

Spouse Name

RAJESHWARI

Present Working office

RANGE FOREST OFFICER, SOCIAL FORESTRY RANGE, AURAD

Father Name

LATE KALA NAIK

Date of Birth

01-06-1970

Place of Birth

BENGALURU

Full Address

Bengaluru

Pin

750103

Phone

9765412358

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

0

Enter Amount in rupees

0

KGID Premium Details

KGID Policy Number	KGID Premium
900811781	1440.00
Total:	1440

Nominee Details

Marital Status	Name Of Nominee	Age Of Nominee	Relation	% Share	Name Of Guardian	Age Of Guardian	Action
Married	HEMALATA	23	Spouse	50			Delete
Married	JAYSANKAR	2	Children	50	HEMALATA	MOTHER	Delete

Family Details

Relation	Date Of Birth	Alive / Dead	Alive (Health Condition)	Dead (Death Reason)	Age Of Death	Action
Brother	01-04-2020	Alive	Good			Delete
Father	01-04-2020	Alive	Good			Delete
Mother	01-04-2020	Alive	Good			Delete

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Relation	Date Of Birth	Alive / Dead	Alive (Health Condition)	Dead (Death Reason)	Age Of Death	Action
Sister	01-04-2020	Alive	Good			Delete

Personal Details

Is your health in good condition :

☒ Yes

☐ No

Height [cms]

165

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

No

Weight [kgs]

56

In case of Female

Recent Period Date

10-10-2020

Are you pregnant now

☐ Yes

☒ No

Details in case of following diseases

☒ Stomach Diseases

☒ Heart Diseases

☒ Diseases Related to Brain

☐ Tuberculosis

☐ BP HIGH/LOW

☐ Cancer

☐ Fits

☐ Hypocrisy

☐ Hernia

☐ Hepatitis

Description about disease selected

Stomach Diseases

Heart Diseases

Diseases Related to Brain

Supporting document upload

Previously uploaded Document

VerifyData.cshtml

Choose File

No file chosen

Previously uploaded Document

NewEmployeeUploadDetails.xls

Choose File

No file chosen

Previously uploaded Document

NewEmployeeData_New.xls

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

6/6/2020
☐ AIDS

Application Form

Choose File

No file chosen

☐ None of the Above

Other Diseases

no

Declaration

☒ I KRISHNA NAIK K 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 : 06-06-2020