

Karnataka Government Insurance Department

Facing Sheet

Application Reference Number

District Insurance Officer

The Name of the Insurer is Mr / Mrs

First / Subsequent Numbers of Insurance Letters that already exist

Non Medical/Medical

Initial Deposit Details:

Date:

Place: State Bank of Mysore / India / Hyderabad

Challan No:

Proposal submitted by Mr / Mrs _____ with Initial Deposit of ₹ _____

Check Medical Report, District Inspector/ The Deputy Director has approved the order as estimated at ₹ _____ as calculated on the back of this page

Content/ Subject Manager

Date:

Superintendents District Insurance Officer / Drawing and Disbursing Officer

Date:

Key points and recommendation noted in the petition / medical report

Order of passage

Accurate Computations After Passage

Date of Liability: _____

Monthly Insurance Premium: _____

Date of Birth: _____

Insurance Amount: _____

Age of Insurer: _____

Effective Month/Year: _____

Date of Issue of Insurance letter: _____

Content manager

Date:

Superintendents

Date: