

# Basic Details

Reference Number : 12062020115712



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

Gender

FEMALE

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
900811781	1234.00
900811781	500.00
Total:	3174

# Nominee Details

6/12/2020

Application Form

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
Children	02-06-2020	Alive	jikj			Delete
Father	01-04-2020	Alive	Good			Delete
Mother	01-04-2020	Alive	Good			Delete
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

Recent Period Date

10-10-2020

Are you pregnant now?

☐ Yes

☒ No

II. Are you married ? If so,

☐ Yes

☒ No

I. Are you observing purdah?

☐ Yes

☒ No

Details about personal health

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

☒ Yes

☐ No

Stomach Diseases

Previously uploaded Document

VerifyData.cshtml

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

Heart Diseases

Previously uploaded Document

NewEmployeeUploadDetails.xls

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

Diseases Related to Brain

Previously uploaded Document

NewEmployeeData\_New.xls

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

localhost:52373/Employee/ApplicationForm?empld=900811781&loginType=KGID

2/3

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

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 ?

☐ Yes

☒ No

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 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 : 12-06-2020