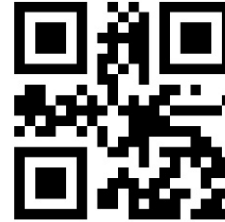


## Basic Details

Reference Number : 20201109154818



Proposer Name

alexander

Full Address

Ban

Pincode

560103

Phone

9876776578

Joining Date of Government Service

11-03-1990

Present Designation

Assistant Director

Present Working office

Bengaluru

## Physical Details

Proposer's Height (cms)

4

Proposer's Weight (Kgs)

435

Proposer's Pulse Rate (nos./min)

Proposer's Breathing Rate (nos./min)

435

Proposer's Blood Pressure

435

High / Systolic

345

435

Low / Dystolic

435

Remarks

435fgdff

Other Details

Was Proposer Admitted To Hospital?

☐ Yes ☒ No

Has Proposer Met With an Accident?

☐ Yes ☒ No

Has Proposer Undergone Test Like Ecg, X-Ray, Laser Ray?

☐ Yes ☒ No

At Present Has Proposer Undergone Any Treatment?

☐ Yes ☒ No

Health Details			
Is There Any Symtoms Of Having Illness in Chest, Heart, Lungs?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Is there Any Symtoms Of Having Illness in Teeth, Tounge, Ear, Nose, Throat, Eyes?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Does he have Deficiency/Disability?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Does Proposer Have Thyroid, lymph Node, in Jointer, have Scars For Surgery?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Indication Of Enlargement Spleen or Liver?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Is There Any Symtoms Of Having Illness in Chest, Heart, Lungs?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	

Any Abnormality in Any Part  
Of Gastro Intestinate Track?

☐ Yes ☒ No

Does Proposer Suffer from  
Hernia?

☐ Yes ☒ No

Doctor Details

KMC / IMC code

Doctor Name

KGID

Designation

Name of Hospital

Declaration

☐ I do hereby declare that the proposal statements and those made by me to the Medical Officer are true to the best of knowledge and belief and that I have not with-held or concealed any circumstance with regard to which information has been required from me. I agree that the statements made by me shall be the basis of the proposed contract for any insurance of my life and that if it shall hereafter appear that I have wilfully made any untrue statements or have fraudulently concealed any circumstance which I ought to have made know, then all the premiums which shall have been paid under the said contract shall be forfeited, and the contract rendered absolutely null and void.