Basic Details

Reference Number: 20201117171654

Proposer Name



Full Address

| Prakash Das | Bng | | | | | |
|------------------------------------|--------------------------------------|--|--|--|--|--|
| Pincode | Phone | | | | | |
| 560103 | 9999000011 | | | | | |
| Joining Date of Government Service | Present Designation | | | | | |
| 10-03-1999 | Assistant Director | | | | | |
| Present Working office | | | | | | |
| Bengaluru | | | | | | |
| | | | | | | |
| Physical Details | | | | | | |
| Proposer's Height (cms) | Proposer's Weight (Kgs) | | | | | |
| | | | | | | |
| Proposer's Pulse Rate (nos./min) | Proposer's Breathing Rate (nos./min) | | | | | |

| Proposer's Blood Pressure | | | | Low / Dystolic | | |
|---|-------|----------------------|-------|----------------|--|--|
| High / Systolic | | | | Remarks | | |
| | | | 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 | | | | |
| | | | | | | |

| Is There Any Symtoms Of Having Illness in Chest, Heart, Lungs? | O Yes | No No |
|---|-------|-------|
| Is there Any Symtoms Of Having Illness in Teeth, Toung, Ear, Nose, Throat, Eyes? | ○ Yes | ● No |
| Does have Deficiency/Disability? | O Yes | • No |
| Does Proposer Have Thyroid, lymph Node, in Jointer, have Scars For Surgery? | ○ Yes | • No |
| Indication Of Enlargement Spleen or Liver? | O Yes | • No |
| | | |

| Any Abnormality in Any Part Of Gastro Intestinate Track? | ○ Yes | • No | | | | |
|---|-------|------|--|-------------|--|--|
| Does Proposer Suffer from Hernia? | O Yes | ● No | | | | |
| Doctor Details MC / IMC code Doctor Name | | | | | | |
| KGID | | | | Designation | | |
| Name of Hospital | | | | | | |
| | | | | | | |

Declaration

Ido 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 wilfullymade 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.