

भारतीय जीवन बीमा निगम

Date of	Receipt
inward	No

Life Insurance Corporation of India

(Established by the life Insurance Corporation Act, 1956)
Personal Statement Regarding Health

For Policy on another life under C.D.A. Plan with deferment Period 10 Years or more on the date of Proposal or revival of Policy

Delhi Division		Branch Unit	Proposal/Policy No					
Age	nt's Name	••••••	Agency Code No					
1. F	ull Name of the Life Proposed							
Full	Address		(IN BLOCK LETTERS)					
			Occupation					
2. F	ull Name of the Life Assured/Lif	e to be Assured						
			(IN BLOCK LETTERS)					
3. Is this application for :-			If the answer is 'Yes' give the Proposal Number or the Policy Number					
(a) Issue of new Policy?		(a)	Proposal No					
(b) Revival of a lapsed Policy?		(b)	Policy No.					
	Follow		be answered in respect of the to be assured					
2.	Since the date of your above in the date of proposal under the	cy. "Yes' or 'No' ailment, date and duration						
[a]	Has he/she ever suffered from any illness/disease requiring treatment for a week or more?							
[b]	Did he/she ever have any ope	ration, acident injury? [b]						
[c]	Has he/she had an electronic screening blood, urine or stood		ot [c]					
5. (i) (iii)	Corporation or any insurer ev Withdrawn or dropped?	er been: (ii) Accepted	a policy on his/her life made to this or any other office of the d with an extra premium or lien?					
So,	give the details	••••••						
	(b) Is any proposal or an applayed policy on his/her life this or any other Office of the	under consideration of	If answer is 'Yes' give the following details? (i) Proposal No					
6.	Is he/she now in sound health	1?						
7.	Is he/she a student? If so in v	which standard.						
-			PTO.					

DECLARATION

	DECLAR	MIK	MA				
and the of the contain resp	ing statement and answers are true in every pais declaration alongwith my proposal for insurant lapsed policy, between me and Life Insurance Connect there in the said contract shall be absolutely pect thereof shall stand forfeited to the Corporative words not applicable)	orpor	all be basis ation of Indi	of the co a, and the	ntract of "ass at if any untru	e averment be	
or gen or an been lien or recon	I further declare that if between the date of this e in occupation of the Life Assured or any adversional health of the life assured or that of any mem application for revival of a policy on life of the life withdrawn or dropped. Deferred or declained, or on terms other than as proposed. I shall forthwisider the terms of acceptance. Any commission II moneys which shall have been paid in respect	se circ ber of e ass r acce vith in on my	umstances his family oured made epted with a timate the part to do	connected cours or to any of an increase same to the solution of the solution	ed with the fin (ii) a proposal fice of the Co sed premium the Corporation ender this ass	ancial position for assurance proporation has or subject to a on in writing to surance invalid	
	laton						
	at applicable in case of application of new policy				(month)		
	ture of witness						
	ture of witness						
Occu	pation & Address				••••••		
			Signature	of thumb	impression of	f the Proposer)	
to him (1) Name	If in form the answers to the questions and/or roposer should declare in his own handwriting about the replies were given after fully or proper The declaration should be made by the person filling the form: e & Address	ove h	is own sign derstanding I herel the ab have t	wn signature that all question were explain			
	,		Oy 11.0	Поросо			
Decia	arant						
IN C	ASE OF PROPOSER IS ILLITERATE			Sig	gnature		
(1)	The thumb impression of the Proposer should be attested by the person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him. e & Address	(2	I have to the and t	eby that nts of the read out question hat propession	I have fully is form to the Common dictated boser, has affi	explained the ne proposer in guage) and that ser the answers by the proposer ixed his thumborm after fully thereof.	
of the	ə			************		•••••	
Decl	arant			S	ignature		