

H	orr	n I	NO.	680	Rev.	80

गरतीय जीवन बीमा निगम (Established by the Life Insural FEINSURANCECORPORATION OF INDIA Corporation Act 1956) ਤੈਂoಗಳೂರು ವಿಭಾಗ - II / बेंगलूर मंडल-॥ / BANGALOREDIVISION-॥ PERSONAL STATEMENT REGARDING HEALTH	Frate of Receipt
Revival of Lapsed Policies-both Medical & Non-Medical basis)	Inward No.
Agen	nt's Name
Code	No
ranch Office : Code No	POLICY No.
) Full Name of the Life Assured	Till History you had any mispanisques
(IN BLOCK LETTERS)	
Full Address	The life Clara the state of test management of the control of the
	(v) Blate the date of fast delivery
OLARATION	990
Occupation / Nature of duties Name of Emp	loyerLength of Service with him
) Since the date of your proposal for the above mentioned policy : Answering	Terligate (1820년 1921년 전 1821년 1921년 - 1821년 -
a) Have you ever suffered from illness / diseases requiring treatment for a week or more ?	Act of further declare, trait between the fall of this distribution or any entyrise or cumelancement edge of any little my family occurs or diff.
b) Did you ever have any operation, accident or injury ?	panding brings been withdrawn or dropped, delend, or sucep- es proposed, it shall lonkwith milmate the same to qui turgo omission on my part to do so shall inneer the fleving absolution thereof shall stand to relice to the Corporation.
c) Did you ever undergo ECG, X-Ray, Screening, Blood, Urine or Stool Examination ?	Oated un
d) Have you ever received or at present availing / undergoing medical advice, treatment or tests in connection with Hepatitis 'B' or AIDS related condition ?	Occupation and Address If, in this form, the answers to the queetion and/of, ignitions of decigns of his own transwriting shows his own separature that a
a) Has a proposal or an application for revival of a policy on your liever been: (i) Withdrawn or dropped?	the Bedarday snowld be easily by the parker filling in
(ii) Accepted with a extra premium or lien?	
(iii) Deferred or declined	
(iv) Accepted on terms other than those proposed ? If so, give details :	
b) Is any Proposal or an application for revival of a lapsed policy or Corporation ?	n your life under consideration of this or any other office of the
(i) Proposal No. :	be established, but recreopaled with the Lembrating and
(ii) Policy No.:	Thank of comes for construction assumptions
) Are you, at present, in Sound Health ?	Address A section of the section of
I. B.: For Revivals under Non-Medical Scheme (Question Nos. 5 & 6)	Linnabed
) (i) State your height (without shoes)cm	ns. Your weight (with thin clothes) kgs.

Name of the Div. Office / Unit	Policy Number	Sum Assured	Status of the Policy
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	- 1	PH / BANGALOREDINSKIN	sar years it II - house chalanc
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		TO SECURE A STREET OF THE SECURE ASSESSMENT OF	EA OR CHARLES OF THE STATE OF T
FOR FEMALE LIVES ONLY:			•
7) Since the date of your proposal under t	the above mentioned poli	cy -	
i) Have you been menstruating regula	arly?	Code No.	
ii) Have you had any miscarriage/s?			Full Name of the Life Assured
iii) Are you pregnant now?			(IN BLOCK LETTERS)
iv) State the date of last menstruation	:		
v) State the date of last delivery:			
	DECLARA	TION	
			ments and answers are true ar
And I further declare that if between accupation or any adverse circumstances co	nnected with my financial	position or general health of n	nyself or that of any member of m
ccupation or any adverse circumstances co amily occurs or (ii) a Proposal of assurance ending or has been withdrawn or dropped, os proposed, I shall forthwith intimate the smission on my part to do so shall render the nereof shall stand forfeited to the Corporation. Dated at	nnected with my financial or any application for revideferred, or accepted at a ame to the Corporation is Revival absolutely null on.	position or general health of n ral of a policy on my life made n increased premium or subje n writing to reconsider the te and void and all moneys whic	nyself or that of any member of means of to any Office of the Corporation foct to a lien or on terms other that erms of Revival of the Policy. And shall have been paid in respections.
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