



**भारतीय जीवन बीमा निगम**  
**Life Insurance Corporation of India**

(Established by the Life Insurance Act 1956)

Branch Office ..... Proposal No..... Agent's Name : **RAJIV BAJAJ**  
 License No ..... Dt. of expiry ..... Agent's & DO's Code: **02675725**

**NOTE :**

This form has to be filled in by the proposer in his/her own handwriting. If he/she cannot write in the language of this form or he/she is illiterate, the proposal form can be filled in by the Agent/Third Party as per normal rules.

1. a) Name in full (IN BLOCK LETTERS)  
 Mr./Mrs./Miss : .....  
 b) Short Name : .....  
 c) Address for correspondence : .....  
 .....  
 .....  
 d) Nationality : .....  
 e) Are you resident in India : .....  
 f) Father's name in full : .....

2. (a)Table/Term (b)Sum Assured (c)Amount of Deposit (d)Date of Birth (e)Age Proof

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3. (a) Nominee under Section 39 of the Insurance Act, 1938, to whom policy money will be payable in the event of death;

Nominee's full name : .....

(In BLOCK LETTERS)

Age ..... Relation to yourself .....

Full Address.....

.....

.....

(b) Appointee's name with signature to whom the policy money is payable in the event of the claim arising during the minority of the nominee.

Full Name of the Appointee: .....

(In BLOCK LETTERS)

Full Address .....

.....

Signature of the Appointee .....

Relationship to the Nominee .....

Age of Appointee .....

4. (a) Present Occupation .....

(b) Nature of duties .....

(c) Annual Income .....

(d) Total sum assured under previous .....

policies under Table No. 132

5. (a) Has a proposal on your life or an application for revival of a policy on your life made to this or any other office of the Corporation ever been
  - (i) Declined : (Yes/No) .....
  - (ii) Accepted with extra; if yes, state the highest : .....  
extra imposed (excluding age extra)
- (b) Is any proposal/application for revival pending with any office of the Corporation, if so, give the details. :.....
6. Your exact Height without shoes (in cms) .....
- Your exact Weight (in kgs.) .....
7. Are you at present in good health ? Answer "Yes" or "No"
8. Have you ever been admitted to a hospital (if yes, give details)  
nursing home for taking treatment for a week  
or more during the last 3 years ? :.....
9. Have you any physical deformity ? If yes, total sum .....  
assured in force under all previous policies taken  
during the last five calendar years including current year.
10. To be answered by female proposer only .....
- (a) Total sum assured inforce under all previous policies .....  
taken during last five calendar years including current year
- (b) If you are married, .....
- i) Are you pregnant now ? .....
- ii) have you had any pregnancy related  
problems at any time ? .....

**DECLARATION BY THE PROPOSER**

I..... do hereby declare, that the foregoing statements and answers have been given by me after fully understanding questions and the same are true, and complete in every particular. I agree that if any untrue averment be contained therein the said contract shall be absolutely null and void and all monies which have been paid in respect thereof shall stand forfeited in part or full to the Corporation.

Dated at ..... on the ..... day ..... 20

Name of witness .....

Signature of witness .....

Occupation .....

Address .....

Signature or thumb impression  
of the person whose life is  
proposed to be assured.

If the answers to the questions in this form are given in vernacular and the proposer signs in vernacular then the proposer should declare in his/her own handwriting above his/her own signature that all questions were explained to him/her and that his/her replies were given after fully and properly understanding the same.

In case the Proposer is illiterate , the thumb impression of the proposer should be attested by a person standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him/her.

I hereby declare that I have fully explained the above questions to the Proposer in .....  
(language) and I have truthfully recorded the answers and explained to the proposer the answers  
to the questions declared by the Proposer and that the Proposer has affixed his/her thumb  
impression to the proposal form after duly understanding the contents thereof.

Address of the Declarant

.....  
.....

.....  
(Signature of the Declarant)