



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

Divisional Office :

Branch Office:

Proposal No. _____

Agent's Name & Code No. _____

Full Name of the Life to be Assured _____ Age _____

(IN BLOCK LETTERS)

Questions to be answered by the Proposer

1. (a) When did you first suffer from indigestion or dyspepsia and for what period?	
(b) How many attacks have you had during the last five years?	
(c) Give the date and duration of the last attack	
2. (a) What was probably the cause of these attacks of indigestion?	
(b) Were they mild or severe?	
(c) Were they accompanied by acute pain or frequent vomiting?	
(d) Was there any haemorrhage or vomiting of blood at any time? If yes, state how often, give the dates and state whether haemorrhage was small or profuse in quantity.	
(e) Were there any attacks of jaundice? If yes, give the dates and durations.	
3. Have there ever been any signs or suspicion of gastric or duodenal ulcer?	
4. Has an X-ray examination of the digestive tract after a barium meal ever been made? If yes, state the dates of the examination and their results and submit the X-ray plates with the radiologists' reports thereon	
5. (a) How long were you under the treatment of a doctor?	
(b) Have you been under treatment in a Hospital or nursing home? If yes, give full particulars	
(c) Please send a report of your attending physician giving full details regarding your ailment, investigations made and their results and the nature of treatment given.	

6. (a) Since when have you been completely cured of your ailment?	
(b) Have you been observing any restrictions on diet since recovery?	
(c) (i) Did you lose weight during your illness and if so, how many Kgs. Did you lose.	
(ii) Have you by now regained the lost weight?	
(iii) Is the weight now stationary? If so, since when?	
7. Give the names and addresses of the doctors who attended you.	

I agree that the foregoing questions and answers shall form part of the proposed for assurance made by me to the Life Insurance Corporation of India on _____

Dated at _____ on this _____ day of _____ 20 _____

Signature of the Proposer

QUESTIONS TO BE ANSWERED BY THE MEDICAL EXAMINER

(a) Is there any tenderness, rigidity, or increased resistance over the area of stomach and duodenum?	
(b) Is there any tenderness or rigidity over the region of the gall-bladder or appendix?	
(c) Do you suspect the presence of gastric or duodenal ulcer?	
(d) Does the applicant appear anaemic or to have lost weight?	
(e) Any further remarks you wish to offer	

Signature of the Medical Examiner

Date _____

Qualifications : _____

Code No. _____

Name and Address _____

(In Block Letters)
