



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

Divisional Office :

Branch Office:

Proposal No. _____

Name of the Proposer _____ Age _____

Occupation _____ Designation _____

Name of the Employer _____

1. Do you dive professionally or as an amateur?	
2. How long have you been engaged in Diving?	
3. Did you undergo special training for Diving? If so, the name and address of the Institution at which you underwent the training.	
4. Are you a member of any Diving club? If yes, name & address of the club?	
5. What equipment do you use for Diving.	
6. Make and model of equipment used for Diving.	
7. How many dives to you make per month?	
8. Do you dive in rivers, lakes or the sea?	
9. To what depth do you usually Dive?	
10. What is the maximum depth to which you have Dived?	
11. Have you ever suffered from any complaints during or after Diving or had an accident while Diving? If yes: (a) on what date (b) nature and duration of symptoms (c) nature and duration of treatment (d) any squeal	
12. Name and address of the Institution / Hospital / Doctor who treated you there for.	
13. Do you undergo regular medical check – ups? If yes: The name and address of the Institution / Hospital / Doctor where these check-ups are conducted.	
14. Were you ever advised to abstain form Diving as a result of medical check-ups? If yes, give details.	

Dated _____

Signature _____