











(i) Tuberculosis	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Cancer	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) Paralysis	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv) Insanity	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v) Any disease of heart and lungs	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(vi) Kidney disease	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(vii) Any disease of brain	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(viii) Diabetes	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ix) Hypertension	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(x) HIV Positive	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xi) Hepatitis-B	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xii) Epilepsy	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xiii) Nervous disorder	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xiv) Liver	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xv) Leprosy	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xvi) Any physical deformity or handicap	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xvii) Any other serious disease	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of parent

**33. MEDICAL EXAMINER'S CERTIFICATE**

Certified that I have carefully examined Shri/Smt. \_\_\_\_\_ the proponent whose signature is given below today the \_\_\_\_\_ Day of \_\_\_\_\_ 2001.

On careful examination of the proponent and after going through the information furnished by him/ her under column 33, I find the proponent to be medically fit. He / She does not suffer from any terminal or other serious health hazard which would be risk to his/her life. I recommend acceptance of his/her proposal of Postal Life Insurance policy.

**OR**

The proponent is medically unfit. I do not recommend acceptance of his/her proposal for Postal Life Insurance policy.

Signature of Proponent

Signature of Medical Examiner:

Name :

Code :

Seal :

Date :

**NOTE FOR MEDICAL OFFICER**

- a) When there are two or more cases of diabetes in the family, report of Glucose” Tolerance Test and Urine would be required and if the proponent is overweight in addition to the family history of diabetes or there is a suspicion of sugar in the urine or personal history of glycosuria, a blood sugar report would be necessary.
- b) If the proponent is overweight or has doubtful family history, an electrocardiogram and a report on the scanning of the chest would be required.
- c) If the proponent is underweight and has family history of TB, an X-Ray of the chest would be required.
- d) Expense of the above mentioned tests will have to be borne by the proponent.

34. **Declaration of DO/FO/Agent**

I \_\_\_\_\_ Code No. \_\_\_\_\_

certify that the information in the proposal form has been furnished by the proponent in my presence. All columns have been completed and are correct and no question is left un-answered. The proposal is recommended for acceptance.

Date.....

Signature

Name\_\_\_\_\_

Designation\_\_\_\_\_

**35.CERTIFICATE OF IMMEDIATE SUPERIOR**

Certified that\_\_\_\_\_ is a permanent/temporary employee in \_\_\_\_\_ and information furnished against column No. 2,3,4,5,7,8,9 and 11 of this proposal form is correct and as per his/her service records.

Date

Signature

Place

Name

Designation/Seal

**36.TO BE FILLED IN BY DO/FO (PLI)/AGENT**

Type\_\_\_\_\_ Sum Assured ₹\_\_\_\_\_



Age at entry\_\_\_\_\_ Premium rate ₹\_\_\_\_\_

Receipt(LI-7(a) No.\_\_\_\_\_ Date\_\_\_\_\_ Amount ₹\_\_\_\_\_

Post Office where payment is to be made\_\_\_\_\_

I \_\_\_\_\_ Code No. \_\_\_\_\_  
certify that the information in the proposal form has been furnished by the proponent in my presence. All columns have been completed and are correct and no question is left unanswered. The proposal is recommended for acceptance.

DATE

SIGNATURE

**37. CERTIFICATE OF DDM/ADM (PLI) /SR/SUPDT POS**

Certified that the entries against column No. 1 to 31 and 34 to 36 have been verified by me and found in order. The proposal is accepted.

The proposal is rejected due to the following reasons

- 1.
- 2.
- 3.

DATE

PA/ SS

ADM/DDM/SUPDT POS