DEPARTMEN PROPOSAL FORM FOR PO (Children	Affix Combined Photograph of Parents and Child	
FOR OFFIC	<u>CE USE ONLY</u>	
Name of the Development Officer/FOs/Agent/         Postal employees (ASP/ IPO/ PM/ PA/ SA/         Postman/ Mail guard/ GR'D/ GDS-BPM/ GDS-DA/         GDS-MC)         Agent Code	Proposal No.         □         □         □         □         □         □         □         □         □         □         □         □         □         No. of LI-7(a)         □         Amount deposited         ₹         □         Post Office at which deposited         □<	

# All entries should be filled in capital letters:

1. Parent's Policy number										
				1						
2. Parent's Name										
2 Fethers's News										
3. Father's Name										
4. Name of the child										
5. Category										
(Department/ Organisations)										
6. PH Code										
7. Sex	Μ	F								

## 8. Address Details for Correspondence

Pin code		
Permanent Address		
Pin code		
9. Employment Details of Pa	rents	
Designation		
Address		
Pin code		
10. (a) Doctor's Code		
(b) Doctor's Name		
11. Date of Birth of Child		
12. Date of Proposal		
13 .Date of Declaration		
14. Date of Acceptance		

Μ

15. Payment Type

16. Medical	YN
17. Type of Policy	
18. Age at Maturity	
19. Sum Assured	₹
20. Premium Amount	₹
21. Mode of Payment	CP
22. PAN No.	
23. Mobile No.	
24. E-mail ID	
25. Postal A/c Office	
PAO code	
PAO Sub code	
Address	

26.If policy is proposed to be taken under Married Women Property Act 1874, state object particulars of beneficiary and particulars of trustee. (Nomination in such cases not allowed)

27.If policy is being funded by HUF, give particulars of HUF.

28.Nomination (refer section 39 of Insurance act 1938) (Not applicable in case of policy under MWPA 1874)

a. State particulars of the nominees (not more than three Nominees)

#### Sole/ First Nominee Details-

Name	
Address	
Pin code	
Relationship	
Age	
% Share of claim amount	
Second Nominee Details-	
Name	
Address	
Pin code	
Relationship	
Age	
% Share of claim amount	

#### **Third Nominee Details-**

Name															
Address															

Pin code								
Relationship								
Age								
% Share of claim amount								

#### b. **Appointee Details(if nominee is minor)**

Ν	Jame																$\vdash$	
A	Address																	
P	Pin code								-									<u>.</u>
F	Relationship																	
A	Age																	
 30.If pre	-	ash, sta	ite Na	me	of Po	ost	Offi	ce at	wh	nich	yo	 u w	ish	 to p	 ay			
31. Has a Ins	<ul> <li>30.If premia is to be paid in cash, state Name of Post Office at which you wish to pay (Name of Post Office).</li> <li>31. Has any of your relatives living or dead suffered from any hereditary or infectious diseases like Insanity/ Epilepsy/ Gout/ Tuberculosis/ Leprosy/ Diabetes/ HIV+ AIDS? If so, give details.</li> </ul>																	
<ul><li>(Family includes mother, father, brothers and sisters.)</li><li>32. Personal History:</li></ul>																		
(a) A	Are you and your chil	d in so	und h	ealtł	ı?			•••••			•••••	•••••	•••••			 ••••		

Have you and your Child ever suffered from any of the following: (b)

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

Ι

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 FILLLED 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\_\_\_\_\_

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

Ι

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