



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

DIVISIONAL OFFICE :

BRANCH CODE :

PROPOSAL NO. :

ADDENDUM TO PROPOSAL FROM IN CASE OF PAST HISTORY OF CAESAREAN SECTION OPERATION

01. FULL NAME OF LIFE TO BE ASSURED (SURNAME FIRST)	AGE	SEX
02. NAME AND ADDRESS OF FAMILY PHYSICIAN		
03. HAS THE LIFE TO BE ASSURED IN THE PAST CONSULTED A SPECIALIST FOR:		If specialist has been consulted, give his name and address
(a) Heart Ailment ? -----	-----	
(b) Hypertension ? -----	-----	
(c) Diabetes ? -----	-----	
(Answer 'Yes' or 'No')		

Date :

Place :

Name :

Signature of consulting /

Family physician

Qualification

Reg. no.:

DECLARATION

I hereby authorise Dr. _____ to give to LIC of India any and all information he may have regarding my condition when under examination or observation and treatment by him including history obtained and diagnosis.

I hereby declare that the statement and answer to question given above in this report are true and complete and I do hereby agree and declare that these will form part of the proposal dt _____ given by me to LIC of India.

Signature of life to be assured

(To be signed in the presence of the consulting / family physician completing this report)