

LIFE INSURANCE CORPORATION OF INDIA

BRANCH CODE
PROPOSAL NO.

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

- | | | |
|--|---|-----|
| 1. Full name of life to be assured (surname first) | Age | Sex |
| 2. Name and address of family physician | | |
| 3. 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 :	Signature of consulting/family physician	
Place :		
Name :	Qualification	Reg. No.

DECLARATION

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

I hereby declare that the statements and answers to Questions given above in this report are true and complete and I do hereby agree and declare that these will form part of the Proposal dated..... given by me to L.I.C. of India.

Signature of life to be assured

(TO BE SIGNED IN THE PRESENCE OF THE CONSULTING/FAMILY PHYSICIAN COMPLETING THIS REPORT)