

**Life Insurance Corporation of India**  
Policy Extract from Previous / Proposal Papers

| Br.Office / D.O.                                   | Policy / Proposal No.     |   |               |                          |
|--|---------------------------|---|---------------|--------------------------|
| Name &<br>Address :                                | Sum Assured               |   |               |                          |
| Father :   | Plan & Term               |   |               |                          |
| Occupation :                                       | Date of Proposal.....     |   |               |                          |
| Occupation:  | Proposal No.....          |   |               |                          |
| Income :   | Date of Comm.of risk..... |   |               |                          |
| Income :   | Date of Comm.of Pol.....  |   |               |                          |
| Age  | Date of Birth             | Other Assurance mentioned in the Proposal               |               |                          |
|  |                           | Unit / DO   | Pol/Prop.no   | Sum assured year         |
| Whether age admitted                               |                           |   |               |                          |
| Proof of Age                                       |                           |   |               |                          |
| Medical Examiner                                   |                           |   |               |                          |
| Qualifications and limit mentioned in the Proposal |                           |   |               |                          |
| Date of Examination                                |                           | Date of special reports.....                            |               |                          |
| Place of Examination                               |                           | Nature of special reports.....                          |               |                          |
| Height   | Pulse                     | Others Particulars, if adverse                          |               |                          |
| Weight   | B.P.Systolic              |   |               |                          |
| Chest on inspiration                               | B.P.Diastolic             |   |               |                          |
| Chest on Expiration                                | Urine:Sp.Gravity          |   |               |                          |
| Abdomen  | Sugar                     | if female mention category-palced:<br>(Cat I, II & III) |               |                          |
|  | Albumen                   |   |               |                          |
| Family History                                     | If Living                 | If Dead   |               |                          |
|  | Age State of Health       | Cause of death  | Year of death | Duration of Age at death |
| Father   |                           |   |               |                          |
| Mother   |                           |   |               |                          |

Brothers

Sisters

Wife / Husband

| Children | No.Living | No.Dead | Cause and year of death |
|----------|-----------|---------|-------------------------|
|----------|-----------|---------|-------------------------|

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How proposal was dealt with

Terms of acceptance

Name of office which decided the case

Sr./Branch Manager.