

Government of India
Department of Posts



Name of the Insured Person		Proposed by	
Office / Post Office		Proposed No.	
Date of Receipt		No. of LI 7(a)	
Mode of Payment	Amount of Premium	Amount deposited Rs.	
Post Office at which deposited		ACG-67 Receipt No.	
and Date		Policy No.	
DA	JAO/SS	DDM	

1. Name in full
(in block letters)

Proposer
Spouse

2. Father's Name /
Husband's Name
(in block letters)

Proposer
Spouse

3. Whether serving in
Army / Navy / Air Force

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4. a) Present Official
Address
(in block letters)

Pin Code No.	Full Name of the Nominee
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b) Permanent residential
Address
(in block letters)

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NB : Any change in the address must be intimated to CPMG (PLI).....Circle.....Pin.

5. Designation and nature of duties.....

6. Date of entry in service.....

b) Address of employer.....

c) Designation & Address of immediate superior.....

9. Whether the spouse (other than the proposer) has an independent source of income? If so evidence thereto.....

10. Particulars of the Policy.....

Type of Policy	Sum Assured	Amount of Premium	Mode of Payment

11. Date of Birth.....

a) Proposer..... Nature of proof attached.....

b) Spouse..... Nature of proof attached.....

12. Designation & address of Pay Disbursing Office/PAO.....

Note :

i) Proof of date of birth to be attached (certified copy of 1st page of Service Book, attested copy of school leaving certificate or any other proof of date of birth).

ii) Information in para : 3, 4, 5, 6, 7, 8 & 12 is to be furnished only in respect of the proposer.

13. If the premia is to be paid in cash, state Post Office at which you wish to pay :

Name of Post Office.....Pin.....

14. Nomination under Section 39 of the Insurance Act, 1938. Nomination of a person to whom their money secured by the policy applied are to be paid in the event of simultaneous death of the insurant & his/her spouse (can alter the above nomination at any time before the maturity of the policy by giving a notice in writing)

Full Name of the Nominee	Full address of the Nominee	Relationship to proposer	Age of Nominee

15. If the Nominee is a minor, do you wish to appoint a person to receive the policy money, if the claim arises during minority of the nominee. If so, please state :

Full Name & address of Appointee	Signature of the appointee	Relationship to nominee	Age of appointee

16. a) Do you hold any other Postal Life Insurance Policy ?

If so, give details :

Proposer	Policy No.	Type	Sum Assured
Spouse			

Proposer	Policy No.	Type	Sum Assured

b) Do you hold any LIC Policy? If so, give details :

Proposer	Policy No.	Type	Sum Assured
Spouse			

Proposer	Policy No.	Type	Sum Assured

17. Family history :

Has any of your family members (living or dead) suffered from any hereditary or infectious disease like insanity/Epilepsy/Gout/Asthama/Tuberculosis/Cancer/Leprosy/Diabetes etc.

i) Proposer.....

ii) Spouse.....

Note :

i) The term family includes Mother, Father, Brothers & Sisters

18. Personal history :

a) Are you at present in sound health

i) Proposer.....

ii) Spouse.....

b) Have you ever suffered from any of the following diseases

- i) Tuberculosis
- ii) Cancer
- iii) Paralysis
- iv) Insanity
- v) Any disease of heart and lungs
- vi) Kidney
- vii) Disease of brain
- viii) Diabetes
- ix) Hypertension
- x) Any other serious disease

Proposer.....

Spouse.....

c) Have you remained on leave on medical advice (other than minor ailments) during the last 3 years or been hospitalised? If so, please give details.

Proposer.....Spouse.....

19. For all applicants

I, hereby, declare that I am in good health and free from diseases, that I have not had any serious ailment or major operation for the last 3 years and no proposal of insurance on my life has ever been adversely treated.

Proposer.....

Spouse.....

(Signature or Thumb impression of the applicant)

20. Declaration of the proposer and the spouse :

- i) We do hereby declare that the foregoing statements made are true to the best of our knowledge and belief. In case we have willfully made any untrue statement or have concealed any circumstances with regard to which information has been required from us, then all the premium which shall have been paid to us shall be forfeited and the contract rendered absolutely null and void.
- ii) We hereby agree to pay the fee of Rs.....(per individual) for the medical examination if our proposal is not accepted.

Dated _____ The _____ Day of _____ 20____
Proposer
Spouse

(Signature or thumb impression of the applicant)

21. Certificate of immediate superior :

Certified that the information furnished under question No. 1 to 8 and 10 have been verified and found to be correct.

(Signature)

Name (in block letters)

Designation

Seal

Dated _____

22. Declaration of DO/FO (PLI)

I certify that the above information including declaration of health has been furnished by the proposer and spouse in my presence.

I further certify that the documents in proof of their date of birth furnished by the proposer and spouse have been personally verified by me and date of births are found to have been correctly stated.

Signature of DO/FO (PLI)

Dated _____

Station _____

Certificate of Medical Officer

(For Medical cases only)

I have carefully examined Shri/Smt.....Proposer and his/her spouse

Shri/Smt.....whose signatures are given below, today.....

of.....20.....The Proposer Shri/Smt.....20.....

The Proposer Shri/Smt.....and spouse

Smt./Shri.....are medically fit/unfit. I recommend/do not recommend acceptance of the proposal for a Yugal Suraksha Policy by the Chief Postmaster General.

Proposer.....

Spouse.....

Date.....

Signature of the Medical Officer
(in block capital)

Seal