Form No. 3327

LIFE INSURANCE CORPORATION OF INDIA

DIVISION _____ Branch Office _____

PERSONAL HISTORY OF GALL-BLADDER DISEASE

QUESTIONS TO BE ANSWERED BY THE PROPOSER

Proposal No. _____

Full Name of the Life to be Assured _____ Age _____Years

(IN BLOCK LETTERS)

1. a) Have you ever had attacks of pain in the region of the gall-bladder? b) If yes, give: i) The date and duration of the first attack ii) The dates and duration of subsequent attacks iii) The date and duration of the last attack	
2. Was the pain colicky in nature, or was it dull and continous?	
3. a) Were any of the attacks accompanied by jaundice? b) If yes, give dates and durations	
4. Have you had any digestive symptoms accompanied by loss of appetite, belching of gas, pain or distension at the pit of the stomach, nausea, vomiting, constipation etc, before or subsequent to the attacks of gall-bladder trouble?	
5. a) Were you confined to bed during any of the attacks? b) How long did each attack keep you from work?	
6. a) Was an X-ray of gall-bladder taken? b) If yes, give dates and findings, Please submit the x-ray plates with radiologist's reports	
7. a) Was an operation performed on your gall-bladder? b) If yes, state (i) the date of the operation: (ii) Whether the gall-bladder was drained or removed? Please submit a certificate from the operating surgeon which should give the reasons for the operations its nature and findings.	

Cont..2.

8. a) Have you had any digestive disorders since the operation b) If yes, give details	
9. Give the names and addresses of the doctors who attended you	

I agree that the foregoing questions and answers shall form part of the proposal for assurance made by me to the Life Insurance Corporation of India on _____

Dated at _____ on this _____ day of _____ 20 _____

_____
Signature of the Proposer

Signature of Witness _____

Occupation _____

Address _____

_____

QUESTIONS TO BE ANSWERED BY THE MEDICAL EXAMINER

1. Has the applicant pain, discomfort or tenderness in the region of the gall-bladder?	
2. Is there any Jaundice present?	
3. Did you find or have any suspicion of the applicant suffering from disturbance of the digestive functions or having any digestive symptoms such as anorexia, flatulence, epigastric pain, tenderness or gaseous distension, nausea, vomiting, constipation, etc.?	
4. Any further remarks you wish to offer	

I Certify that the proposer / Life Assured has put his / her signature alongside in my presence

_____
Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

_____
Signature of the Medical Examiner
Name:
Address:
Qualification:

Code No. :

Date: _____-