



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

Divisional Office :

Branch Office:

Proposal / Policy No.

The Gynaecologist completing this form is requested to satisfy himself / herself

- (1) about the identify of the Life to be Assured and**
(2) to obtain signature of the Life to be assured on this form in his / her presence.

Proposal No _____ Agent's Name & Code No. _____

Full Name of the Examinee _____

Introduced by _____ His Signature _____

1. (a) Whether the Life to be Assured has any past history of abortion and / or miscarriage? (If yes, give full details including cause / reasons thereof.)

(b) Whether the Life to be assured has previous history of delivery by Caesarean Section? (If yes, give cause / reasons for such Caesarean Section).

2. Whether there is any previous history of hysterectomy? Was any malignancy detected. If yes, give full details.

3. Whether there is any previous history of any other impairments generally associated with females? If yes, give full details.

4. Whether the Life to be Assured has previous history of Hypertension, Diabetes, Urinary Tract infection, Cardiac or Pulmonary diseases? If answer is yes, furnish details of such diseases.

5. What is the Blood Group – Rh factor?

6. (a) Does your examination show that Life to be Assured is pregnant?

(b) Does your examination reveal any symptoms indicative or any abnormal pregnancy and / or expected delivery. If so, give details.

(c) What in your estimate is the approximate period of pregnancy? (No. of Weeks.)

(d) Findings of the current Pathological & Radiological examination (Done already for the check-up)	
(i) Blood Group – Rh factor	
(ii) Blood Sugar (Post Prandial)	
(iii) Haemoglobin	
(iv) Urine – Albumin	
(v) Any other investigations	
(vi) Sonography of the Foetus	
7. Does your examination indicate (a) Any disease of uterus, vagina or ovaries? (b) Any weakness, injury or sore resulting from child-bearing or miscarriage? If so, give details.	
Dated at _____ on the _____ day of _____ 20	
<p>(Signature of the Gynecologist)</p> <p>Qualification : _____</p> <p>Name & Address : _____</p> <p>(Affix Rubber Stamp here)</p> <p>Code No. / Regd. No _____</p>	
<p>I hereby declare that the statements and answers given above are true and complete and I do hereby agree and declare that these will form part of the proposal dated _____ given by me to LIC of India.</p>	
<p>Signature of Witness Name & Address</p>	<p>Signature of the Life to be Assured</p>