



RE-CHECK OF MEASUREMENTS

Division _____

Branch Office _____

Date _____

Proposal No./Policy No. _____

Date of Re-check _____

On the life of _____ Age _____ Years

Height(without shoes)	Cms.
Weight(with thin clothes)	Kgs.
Chest(Over Nipples Stripped) on complete expiration	Cms.
On complete Inspiration	Cms.
Abdomen (Over Naval) Stripped	Cms.

Marks of Identification _____

Signature of Proposer/Life Assured

Signature of Medical Examiner with seal/Branch Manager

Signature of the Introducer

Name :
Designation & Qualification :
Code No. & Address

Agent / Dev Officer
Code No.