LIFE INSURANCE CORPORATION OF INDIA

Special Questionnaire to be completed in respect of NRIs

Divisional Office _____ Branch Code _____

Proposal No. _____

A. To be filled in by the Dean / Principal in respect of students and by the Employer in respect of employed persons

Sr. No.	Particulars	Answer
1.	Name of the proposer	
2.	When did he / she join your college / university / firm?	
3.	Date of birth and age	
4.	Educational qualification	
5.	General appearance	
6.	Any identification mark/s?	
7.	Does he / she have any physical deformity? (impaired sight or hearing, physical impairment or mental retardation)	
8.	His / her professional status (type of duties performed)	
9.	Has he / she remained absent from college / duties on medical grounds? If so, period of absence and reasons thereof	
10.	What are his / her habits / hobbies? Does he / she consume tobacco, snuff or other narcotic substances in any form, or alcoholic drinks?	
11.	His / her monthly salary / stipend / teaching allowance	
12.	Results of any routine medical check-up	

Place _____

Date _____

_____

Signature & seal of Dean / Principal / Employer

B. To be filled in by the Personal Physician in respect of self-employed persons

Sr. No.	Particulars	Answer
1.	Name of the proposer	

Sr. No.	Particulars	Answer
2.	Since how long do you know the proposer?	
3.	Age of the proposer	
4.	General appearance	
5.	Any identification mark/s?	
6.	Does he / she have any physical deformity? (impaired sight or hearing, physical impairment or mental retardation)	
7.	Has he / she taken any treatment from you? Yes / No. If yes, full details and the period of treatment	
8.	What are his / her habits / hobbies? Does he / she consume tobacco, snuff or other narcotic substances in any form, or alcoholic drinks?	
9.	Any information about his / her financial status?	

Place _____

Date _____

Signature & seal of Personal Physician