



नेशनल इन्श्योरेन्स कम्पनी लिमिटेड  
**National Insurance Company Limited**  
Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

**PARIVAR - Mediclaim for Family  
Proposal Form**

POLICY ISSUING OFFICE

AGENCY CODE

ANNUAL PREMIUM

POLICY NO.

DEV. OFFICER CODE

**IMPORTANT**

The Company will not be on risk until the proposal and Insured Person details have been accepted by the Company and communication of the acceptance has been given to the proposer in writing on full payment of premium.

1. Name of the Proposer :
2. Occupation of the proposer:
3. Address with Telephone No(s) :
4. Name of the Family Physician with address and Telephone No(s):
5. DETAILS OF THE PERSONS TO BE INSURED :

S.No.	Name of Insured Person	Age	Sex	Relation-ship with the Insured	Details of pre-existing diseases / illness	How long the diseases are existing
1						
2						
3						
4						

6. Period of Insurance : From \_\_\_\_\_ To \_\_\_\_\_ \*\* Sl. No. 7, 8, 9 Over Leaf

I/We, hereby declare that the details/information furnished above are true to the best of my knowledge and belief.

Signature of the proposer

Place :

Date :