FOR OFFICE USE ONLY :

Sr.No.		1	2
1.	Name of insured person		
2.	Date of Birth / Age		
3.	Sex M/F		
4.	Relationship		
5.	Occupation		
6.	CB%		
7.	Premium		
8.(a)	Loading for Diabetes mellitus & Hypertension (10% / 20%)		
(b)	Loading higher age (81-85) (10%)		
(c)	Loading for higher age(86-90) (20%		
9.	Discount for Voluntary excess(10%)		

Remarks of Underwriter :		
	Total : (1+2)	Rs.
	Family Discount 10 %	Rs.
	Service Tax	Rs.
	Gross Total	Rs.