

Place		Signature of Proposer.
Date		Name of Proposer

PROHIBITION OF REBATES (Section 41 of the Insurance Act 1938 provides)

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with provision of this section shall be punishable with fine, which may extend to Rs.500/-.

SELF DECLARATION FORM

(FORM TO BE DULY FILLED BY EACH APPLICANT ONLY IN DUPLICATE)

PERSONAL DETAILS:

1. Name of the Insured: _____
 2. Age (in completed years): _____ 3. Date of birth: _____ Sex: _____
 4. Address: _____
 5. Telephone No.: _____ E-mail ID: _____

Identification Document Details:(Photo ID Proof / Ration Card) _____

6. PERSONAL HISTORY:

PARTICULARS	YES / NO	DETAILS
A. Are you in good health and free from physical and mental diseases or infirmity or major complaints ?		
B. Have you ever suffered from any of the following diseases / illnesses. Please write Yes / No.		
1 Any Neurological / mental or related diseases?		
2 slipped disc or other spinal disorder or paralysis of any kind or fainting episode, blackout, fit.		
3 High blood pressure, palpitation, Heart diseases including ischaemic heart diseases, other circulatory disorders including rheumatic fever etc.		
4 Diseases of uterus, ovaries, breast or any other gynaecological disorder		
5 Fistula, Piles, Hernia, Varicose veins etc.		
6 Any disease of bones, joints, Arthritis including rheumatic diseases etc.		
7 Any respiratory diseases		
8 Any allergic diseases		
9 Any dimness of vision or cataract etc.		
10 Any disease of ears or difficulty or interference with hearing etc.		
11 Any disorder of the stomach, ulcer, bowel or gall bladder, kidney etc.		
12 Cancer, malignant growth, boil, cyst or wound etc.		
13 Diabetes or any urinary diseases.		
14 Genital Disorder		
15 Any cerebral or vascular strokes or sudden loss of consciousness or similar disease.		
16 Tuberculosis (TB)		
17 AIDS / HIV / related disorder etc.		
18 Congenital diseases (Since Birth)		

19	(a) Have you ever suffered from dental problems? YES/NO (b) If, yes, specify same. (c) When were you treated last for same.		
20	Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations.		
21	Any other complaint or tendency that may necessitate such consultation or treatment in the future		

(B) Have you Noticed sudden decrease or increase in your weight in past six months Yes / No

(C) Have you visited a doctor /hospital /healthcare unit for evaluation or treatment in recent past if yes, give details: _____

Give Details of hospitalization (Attach Copy of discharge card and doctors consultation notes and investigations copy): _____

Past surgical details: Name of surgery or part operated _____

Date of operation: _____. Completely cured YES / NO, give details _____

(Attach Copy of discharge card and doctor's consultation notes and investigations copy)

I the Undersigned hereby declare that all the information given by me in this form is true and I understand that any of these details if found untrue on correlation with my medical test or medical examination before or after issuance of policy will affect the coverage and payments of my health insurance benefit under this Medicaid policy.

Name of applicant _____ Signature:

Date:

Place: