

**ANNEXURE-III**

**SPECIAL QUESTIONNAIRE TO BE COMPLETED IN RESPECT OF NRIs  
( For Mail Order Business under medical scheme, without help of LIC Agent )**

Proposal No. \_\_\_\_\_

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

Name of the proposer	
When did he join your College/University/Firm ?	
Date of birth and age	
Educational Qualification	
General appearance	
Any identification marks ?	
Does he have any physical deformity ? (impaired sight or hearing, physical impairment or mental retardation)	
His professional status (Type of duties performed)	
Has he remained absent from College or Duties on medical Ground ? If so, period of absence and reasons thereof:	
What are his habits/hobbies ?	
Does he consume tobacco, snuff, or other narcotic Substances in any form or alcoholic drinks ?	
His salary per month/stipend/teaching allowance	
Results of any routine medical check-up	

# Signature of the Dean/Principal  
(Seal of College)

O R

\* Signature of the Employer with  
designation & Official Seal

Place:

Date:

B. TO BE FILLED IN BY THE PERSONAL PHYSICIAN IN RESPECT  
OF SELF EMPLOYED PERSONS

Name of the proposer	
Since how long do you know the proposer ?	
Age of the proposer	
General Appearance	
Any identification marks ?	
Does he have any physical deformity ? (Impaired sight or hearing, physical impairment or mental retardation)	
Has he taken any treatment from you ? If yes, full details and the period of treatment	
What are his habits or hobbies ? Does he consume tobacco, snuff or other narcotic substances in any form, alcoholic drinks ?	
Any information about his financial status	

Place:

Date:

Signature of the Physician  
with his Seal