

LIFE INSURANCE CORPORATION OF INDIA

Personal Statement Regarding Health – [MPPR/Form2 (Medical)]

1) Name in full (Block Capitals) _____

2) Age _____ years Date of birth _____

3) Father's name in full _____

4) Married or Single _____

If married, Name of the spouse:

His/her occupation:

If the answer to any of the next questions (5 to 11) is **YES**, Please give full details in separate additional sheet.

5)	Have you lived during the last three years with any person suffering from tuberculosis, leprosy or any other infectious disease?	
6)	During the last five years did you consult a doctor for any ailments requiring treatment for more than a week?	
7)	Have you ever been admitted to any hospital or nursing home for general check-up, observation, treatment or operations?	
8)	Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lung, Kidney, Bladder or Nervous System?	
9)	Are you suffering from or have you ever suffered from Diabetes, Tuberculosis, High / Low blood pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy, Skin disease or any other disease?	
10)	Do you have any bodily defect or deformity?	
11)	Did you ever have any accident or injury?	

12) What has been your usual state of health? _____

Applicable to female candidates only.

13) Are you pregnant? If so, the expected date of delivery: _____

Declaration

I, _____ here by declare that the information given by me in this statement is true and correct and that if any untrue information is found to be contained therein, I shall be liable for such action as the corporation may deem necessary.

Dated at _____ (Place) on the _____ (Date) day of _____ (Month) 2013

Signed in my presence

(Signature of the Medical Examiner)

(Signature of the Candidate)