

Name

Father Full Name:-

Mother Name

PAN Number

Place of Birth

Email ID

Mobile No.

Date of Birth

Marital Status

Residence Address

Education

Company Name

Occupation Type

Company Address

Designation

Nature of daily duties

Yearly Income

Height

Weight

Tobacco

Existing Insurance Cover

Nominee Name

Nominee Birth Date

Relation

Nominee Address (If different from Above)

**Family History**

Relation	Age	Health Status	If deceased, Age at Death	Cause of Death
Father				
Mother				
Brother (s)				
Sister (s)				
Spouse				

Predominant Hand Right / Left

Medical History if any

Name of Family Physician

Address & Mobile No.

Insurance Company Name

Product Name

Sum Insured

Option

Term

Premi.

**Required Documents**

1 Colour Photo

2 PAN Card Xerox - Self Attested

3 Address Proof - Aadhar Card / Driving Licese / Passport [ANY ONE] Xerox - Self Attested

4 Income Proof -

1. For Business / Profession

Last 3 Years ITR, Computation with Profit & Loss A/c & Balance Sheet