

LIFE INSURANCE CORPORATION OF INDIA

ADDENDUM TO FMR

Extract of personal History to be filled by MR along with FMR at the time of medical Examination.

Name of the Life to be Examined

Age Sex Identification Mark

Introducer's Name and Designation

S. No.	Personal History	Answers Yes / No	If, Yes please give full details
(a)	During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week?		
(b)	Have you ever been admitted to any hospital or nursing home for general checkup / observation treatment or operation?		
(c)	Have you remained absent from place of work on grounds of health		
(d)	Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous System		
(e)	Are you suffering from or have you suffering from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilipsy, Hernia, Hydrocele, Leprosy or any other disease?		
(f)	Did you ever have any bodily defect or deformity?		
(g)	Did you ever have any accident or injury?		
(h)	Did you use or have you ever used (i) Alcoholic drinks		

	(ii) Narcotics		
	(iii) Any other drugs		
	(iv) Tobacco in any form		
(i)	What has been your usual state of Health?		
(j)	Have you ever required or at present availing undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related condition		

Declaration by ME Hereby declare that I have, this day, examined the above life to be assured personally, in private and recorded in my own and the true and correct findings to answered and life to be assured

Signature of the Medical Examiner _____

Name : _____

Address : _____

Qualifications : _____

Code : _____

Unit : _____

Declaration by the life being examined I hereby declare that to the best of my knowledge and belief, and the answers contained in this form are due and complete and (ii) that all the material facts have been disclosed, I also agree that my right to benefit under any policy may be affected if I have not disclosed any facts which would be likely to influence assessment of risk and acceptance of the proposal

Signature of the life to be assured and being examined: _____

Name: _____

Signature of the proposer if other than Life assured (Parents in case of Minors) _____

Name: _____