

LIFE INSURANCE CORPORATION OF INDIA
DIVISIONAL OFFICE :

MHR by Dev.Officer/ABM(S)/BM to be given in case of Physically Handicapped Life.

Name of the LA :

Proposal No. :

01)	Have you personally seen the life to be assured ?	
02)	Are you related him/her?	
03)	Does he/she have any physical deformity, impaired sight or hearing, physical impairment or mental retardation?	
04)	Do you have any knowledge of his/her having suffered from illness or injury or undergone any operation, hospitalization or medical investigation?	
05)	In case of Physical impairment, a) How many limbs are affected? Give details :	
	b) What is the cause of deformity ? i) Congenital (by Birth) ii) Due to Accident iii) Due to Diseases	
06)	Whether he/she is full time employee or engaged in business?	
07)	Exact nature of duties of the life proposed and details of his/her occupation ?	
08)	How many hours per day does he/she devote to work ?	
09)	Have you visited the place of his/her work ?	
10)	Are you satisfied that he/she is having earned income?	
11)	What is his/her approximate yearly income ?	
12)	Do you think he/she is capable of taking sufficient precautions to avoid accidents?	

Date :
Place :

Signature of DO/ABM(S)/BM with seal
Name :
D.O. Code No.