

**Life Insurance Corporation of India**  
**Division**

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**Branch Code.....**  
**Proposal No.....**

**ADDENDUM TO PROPOSAL FORM IN CASE OF PAST HISTORY OF  
CEASAREAN SECTION OPERATION**

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1. Full Name of Life to be Assured (Surname first) Age    Sex
  
2. Name and Address of family Physician
  
3. Has the life to be assured in the past consulted a specialist for If Specialist has been consulted give his name and address.
  - A. Heart ailment?
  - B. Hypertension?
  - C. Diabetes?

(Answer 'YES' or 'NO')

Date :

Place : Signature of consulting family Physician

Name : Qualification :

Reg. No:

**DECLARATION**

I hereby authorize Dr..... to give the Life Insurance Corporation of India any and all information he may have regarding my condition when under examination or observation and treatment by him including history obtained and diagnosis.

I hereby declare that the statements and answer to questions given above in this report are true and complete and I do hereby agree and declare that these will form part of the proposal dated..... given by me to L I C of India.

**SIGNATURE OF THE LIFE TO BE ASSURED.**