6	If you are employed in the Armed Forces, Please state :												
	Wing to which yo		therein	Date of last Medical Examination			Medical category after Medical Examination			Were y	Were you ever below A-1 Category? If so, when		
7	Is your life now b for revival of a Po Corporation or to		And said		7 3 Sec.		- s-x						
8A	Has proposal (or an application for revival of Policy) on your life made to any Office of the Corporation or to any other insurer ever been (a) Withdrawn, Deferred, Dropped or Declined? (b) Accepted with extra premium or Lien? (c) Accepted on terms otherwise those proposed?							Answer "Yes or No"	If "yes", give details				
8B	Have you during as the same was	past one year r not acceptable											
9	Please give details of your previous insurance: (including Policies Surrendered / Lapsed during last 3 years) :												
	Policy Number	Name of Br./Office/ Div. Office of LIC and Officer of other insurer with address	Table & Term	Sum Assured on Main Plan (in 000's)	Term Rider Sum Assured		Critical Illness Sum Assured (in 000's)	Whether accepted as proposed at Ordinary Rates	Month and Year of Issue	Amount of Accident Benefit taken	Medical or Non- Medical	Whether in force for full Sum Assured	If not, give due date of last premium paid or date of surrender
		•										54 :	
-													500
-													
-	NB: Corporation does	not entertain any	fresh prop	osal for insu	rance where	e a Polic	v has lapsed	or has been con	verted into	naid up Bo	liouuithin	the lead 2	
0	FAMILY HISTORY	lf	Living					If Dead	d into paid up Policy within the last 3 years.				
-	FATHER		ent Age	State o	of Health	Age at Death		Cause of Death		Year of Death		Duration of Illness	
-	MOHTER					0 1							
1	ROTHERS : iving No ead No		W A										
L	SISTERS : Living No Dead No												
1	Vife / Husband								211	T. PARTITION			
L	Children : Living No Dead No												