CHECK LIST :

FOR ACCEPTANCE OF PROPOSAL EXCEEDING RS. 5 LAKHS

1. Name of the Proponet :
2. Date of Birth :
3. Age of Entry :
4. Name of the organization/Dept :
5. Type of Policy :
6. Sum Assured Now :
7. Details of previous policies including Yugal Suraksha specifications:

S.No	Policy No.	Sum Assured	Premium
1			
2			
3			
4			
5			
6			
7			

8. Total Sum Assured including previous policies (6+7)
9. Premium Collected : Rs.
10. Whether He/She has surrendered any policies previously : No
11. Whether there is minimum premium paying term of 10 years from now : No
12. Gross salary : Rs.
13. Total deduction : Rs.
14. % of deduction :
15. Physical measurements-Height_____Weight_____
16. Whether date/day stamp available on the preliminary receipt :
17. The date of 1st premium tallies with date of Doctors certificates :
18. The Doctor certificate is complete in all respects :
19. The Doctor certificate issued by not below rank of Civil Surgeon :
20. Whether declaration of insurant enclosed :
21. Recommendation of the Doctor as noted in proposal form : **Recommended.**

OA ASP SPOs

OA ADM DDM(PLI)