

**VIPRA FOUNDATION**

REGD. OFFICE : 14/2, SOVARAM BYSACK STREET, KOLKATA-700007
 ADMINISTRATIVE OFFICE : GILLENDER HOUSE, BLOCK-E, 3RD FLOOR,
 ROOM NO. 2A, KOLKATA-700001

**THE ORIENTAL INSURANCE COMPANY LTD.**

(A GOVT. OF INDIA UNDERTAKING)
 REGD. OFFICE : ORIENTAL HOUSE, P.B. NO. 7037, A-25/27, ASAF ALI ROAD,
 NEW DELHI-110002

ISSUING OFFICE

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UNIVERSAL HEALTH INSURANCE POLICY**PROPOSAL FORM**

AGENCY CODE	ANNUAL PREMIUM	POLICY NO.	DEV. OFFICER CODE

IMPORTANT

- The Company will not be on risk until the proposal and Insured Person details have been accepted by the Company and communication of the acceptance has been given to the proposer in writing on full payment of premium.
- If other family members residing with proposer i.e. spouse, eligible dependent children and dependent parents required to be covered, separate insured Person details forms should be completed for each of such family members.
- In case any family is identified as BPL family, a certificate as proof thereof issued by an official not below the rank of B.D.O. / Tehsildar of Revenue Dept. of the concerned State Government has to be attached.

1. Name of the Proposer :

2. Address :

3. DETAILS OF THE PERSONS TO BE INSURED :

Name of Insured Person बीमाधारक का नाम	DOB जन्म तिथि	Sex लिंग	Indicate whether earning head of family यदि उपार्जक हो तो विवरण दें	Relationship with the Insured person मुख्य आवेदक से रिश्ता	Details of preexisting diseases / illness वर्तमान में यदि कोई बीमारी हो तो उसका विवरण	Name of nominee (only applicable to head of Family) उत्तराधिकारी का नाम (सिर्फ मुख्य आवेदक के लिए)	Whether belonging to below poverty Line (BPL) group यदि बी.पी.एल. धारक हैं तो प्रमाण-पत्र संलग्न करें
1.							
2.							
3.							
4.							
5.							

Note : please attach additional sheets for covering each family as per the above format. (Minimum number for coverage 100 families)

4. Period for Insurance : from _____ To _____

I/We, hereby declare that the details / Informations furnished above are true to the best of my knowledge and belief.

Place : _____

Date : _____

Signature of Proposer

PROHIBITION OF REBATES

- No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take our renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or a part of commission payable or any rebates of the premium –shown on the policy nor shall any person taking out or renewing continuing a policy except any rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

FOR VF OFFICE USE ONLY

जोन अध्यक्ष / सचिव के हस्ताक्षर	जोन प्रभारी के हस्ताक्षर	कमेटी चेयरमैन / सचिव के हस्ताक्षर