DEPARTMENT OF POSTS
PROPOSAL FORM FOR CHILDREN POLICY (APS)

All entries should be filled in CAPITAL letter:

<table>
<thead>
<tr>
<th>FOR OFFICIAL USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of the Development Officer/ FO/ Agent/ Postal Employee (ASP/ IPO/ PM/ PA/ SA/ Postman/ Mail Guard/ MTS/ GDS BPM/ GDS DA/ GDS MC)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposal No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Receipt</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. of LI-7(a)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount deposited ₹</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Post Office at which deposited</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ACG-67 Receipt No. and Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Policy No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Proposal Date (DD/MM/YYYY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Declaration (DD/MM/YYYY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Product/ Policy Type</th>
</tr>
</thead>
</table>

1. Child’s Details

i. Name of Child
   First Name | Middle Name | Last Name |

ii. Father’s Name |

iii. Mother’s Name |

iv. Gender | v. Date of Birth (DD/MM/YYYY) | vi. Parent’s Policy Number |

   M | F |

vi. Age Proof: [Tick (✓) whichever is applicable] (Standard Age Proof)
   Birth Certificate | Matriculation Certificate | Driving License | Passport | PAN |

vii. Nationality |

2. Address Details

i. Communication Address: UNIT PIN CODE |

ii. Permanent Address
   Village | Taluka |
   City | District |
   State | Country | PIN |

3. Contact Details

i. Phone No. with STD Code |

ii. Mobile No.
4. Parent’s Employment/ Occupation Details

i. Service Number

ii. Rank

iii Name

iv Occupation: 
- Army
- Navy
- Air Force
- Para Military Forces
- Defence Civilian

v. Date of Entry in Service

vi. PAN No.

vii. Monthly Income

viii. DDO Code

ix. Name of CDA/CDA A/C No.(for Officers Only) / PAO (OR) (for PBOR only)

x. PAO Code

xi. Office Address: 

UNIT PIN CODE

xii. Office Phone No. with STD Code

xiii. Qualification
- Post Graduate
- Graduate
- Diploma
- Se. Sec. Education
- High School
- Middle Class
- Primary Education
- Illiterate
- Other (furnish detail)

5. Additional Policy Details Held by Parents

i. Particulars of other PLI/ RPLI policies already held, if any:

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>Type</th>
<th>Sum Assured (in ₹)</th>
<th>Maturity Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total: (in ₹)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ii. Particulars of life insurance policies of other companies already held, if any:

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>Type</th>
<th>Insurer</th>
<th>Sum Assured (in ₹)</th>
<th>Maturity Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total: (in ₹)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Coverage Details

i. Age at Maturity

ii. Policy Term

iii. Sum Assured

7. Premium Details

i. Premium

ii. Initial Premium Payment Mode

iii. Subsequent Premium Payment Mode

(Cash/ Cheque/ Credit Card/ Debit Card/ Salary)

iv. Premium Payment Frequency

Monthly
8. Health Information

a. Are you and your child in sound health at present?  Yes  No

b. Have your child ever suffered/ suffering from any of the following?  (Say Yes or No)

<table>
<thead>
<tr>
<th>Child</th>
<th>Tuberculosis</th>
<th></th>
<th>Paralysis</th>
<th></th>
<th>Insanity</th>
<th></th>
<th>Any disease of heart and lungs</th>
<th></th>
<th>Kidney disease</th>
<th></th>
<th>Any disease of brain</th>
<th></th>
<th>HIV Positive</th>
<th></th>
<th>Hepatitis-B</th>
<th></th>
<th>Epilepsy</th>
<th></th>
<th>Nervous disorder</th>
<th></th>
<th>Liver</th>
<th></th>
<th>Leprosy</th>
<th></th>
<th>Any physical deformity or handicap</th>
<th></th>
<th>Any other serious disease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

c. Has any of your family members (Father, Mother, Brothers or Sisters) living or dead suffered from any hereditary or infectious disease like, Insanity/ Epilepsy/ Gout/ Asthma/ Tuberculosis/ Cancer/ Leprosy/ Diabetes etc?  Yes  No

If yes, give details: ____________________________________________________________

d. Have child hospitalized during the last 3 years? If so, furnish the following information.

<table>
<thead>
<tr>
<th>Ailment</th>
<th>Name of Hospital</th>
<th>Period of Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

e. Does the child any physical deformity or congenital by birth defects?  Yes/ No

i. If yes, Type of deformity (Congenital/ Non-Congenital):

ii. In case of congenital deformity, please state whether it is Blindness/ Deafness/ Dumbness/ Orthopedic Handicap of One Limb/ Loss of one limb/ Midgets/ Hunchback

iii. In case of non-congenital deformity, please state whether it is Blindness/ Deafness/ Dumbness/ Orthopedic Handicap of One Limb/ Loss of one limb

f. Particulars of the family doctor, if any:

9. Declaration of Parent

(A) I do hereby declare that (a) no proposal of insurance on life of above named child has ever been adversely treated by any insurance company (b) the foregoing statements made are true to the best of my knowledge and belief (c) in case it is found that I have wilfully made any untrue statement or have concealed any relevant circumstances then all the premia which shall have been paid by me, shall be forfeited and this contract rendered absolutely null and void (d) I understand that child’s life shall be insured from the date my proposal is accepted (e) I have gone through the terms and conditions for insurance with PLI, a copy of which has been given to me and explained to me in my language. I hereby agree to abide by them.

(B) I hereby agree to pay the fee of ₹____________________ (per individual) for the medical examination if our proposal is not accepted.

Parent’s Signature: __________________________________________

(Signature with service No)  No ____________________ Rank_________

Name ___________________________

Present unit/office address ____________________________

with PIN Code __________

Dated: The ________________ Day of ____________________ 20________
10. Certificate of Immediate Superior

(a) Certified that No ____________________ Rank ____________ Name __________________________________________ is a permanent/ temporary employee in _____________________________________________________________ and information furnished against column No. 1 to 4 of this proposal form is correct as per his/ her service records.

Date: ____________________
Signature: __________________
Place: ____________________
Name: ____________________
Designation/Seal: ____________________

11. To be filled in by DO/ FO (PLI)/ Agent

I No. _________________ Rank ____________ Name __________________________________________
Agent Code No./ ID __________________________________________ certify that the information in the proposal form has been furnished by the proponent and it has been signed by him/ her in my presence. All columns have been completed and are correct and no question is left un-answered. The proposal is recommended for acceptance.

DO/FO/Agent’s Signature: ____________________

Date: ____________________

12. Medical Examiner’s Certificate

Certified that I have carefully examined Master/ Shri/ Ms. ________________________________ the proponent whose signature is given below today the Day of ____________________ 20_____.

On careful examination of the proponent and after going through the information furnished by him/ her under column 11, I find the proponent to be medically fit. He/ She does not suffer from any terminal or other serious health hazard which would be risk to his/ her life. I recommend acceptance of his/ her proposal of Postal Life Insurance policy.

OR

The proponent is medically unfit. I do not recommend acceptance of his/ her proposal for Postal Life Insurance policy.

Signature of Child: ____________________
Signature of Medical Examiner: ____________________
Name: ____________________
Seal: ____________________
Date: ____________________
ID/ Code: ____________________

NOTE FOR MEDICAL OFFICER

a) When there are two or more cases of diabetes in the family, report of Glucose Tolerance Test and Urine would be required and if the proponent is overweight in addition to the family history of diabetes or there is a suspicion of sugar in the urine or personal history of glycosuria, a blood sugar report would be necessary.
b) If the proponent is overweight or has doubtful family history an electrocardiogram and a report on the scanning of the chest would be required.
c) If the proponent is underweight and has family history of TB, an X-Ray of the chest would be required.
d) Expense of the above mentioned tests will have to be borne by the proponent.

13. Declaration for Recovery of Premia

In the event of my proposal for the sum of Rs ____________________________ being accepted. I hereby authorise Addl DG APS, IHQ of MoD (Army) to direct ________________________ (Name of PAO), being the office maintaining my pay accounts, to deduct from my pay a sum equal to the amount of the first premium and subsequent premia payable by me with effect from the month of acceptance of PLI proposal in respect of the said insurance, to receive the said sum from him and apply it towards payments of the said premia.

Station: _________________
Signature: ____________________
No _________________ Rank _________________
Name: ____________________

COUNTERSIGNED

Dated: ____________________
(Signature of Officer with name and designation stamp)
Seal ____________________

14. Unit Code with Details of Proposal Checked by:

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>Sig</th>
<th>Field Officer</th>
<th>DA</th>
<th>Asst PO</th>
<th>OC (With Rubber Stamp)</th>
</tr>
</thead>
</table>