APPLICATION FOR REVIVAL OF PLI/RPLI POLICY

(Please fill in the columns in block letters)

1. Policy No. : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   Date of Acceptance: ☐☐☐☐☐☐☐☐
2. Name of Insurant: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. Present address for Correspondence: _____
   _____
   _____

4. Date of Maturity: _____/____/20___

5. Mode of payment of premia: : _____

6. Period for which premia are due: : _____

7. Reason for non-payment of premiums if any
   _____

8. Name of the Post Office at which premia are desired to be paid

   Name of Sub Post Office: _____PINCODE_____

   Name of Head Post Office: _____PINCODE_____

9. NO. OF INSTALLMENT:_____(MAX-12)

I hereby declare that I continue to be in good health since the date, the first unpaid premium had become due in respect of above mentioned policy till this date.I have no deseases like Insanity, Epilepsy, Gout, Asthma, Tuberculosis, Cancer, Leprosy, Diabetes etc.

Date:

Signature of the Insurant
Mobile No.

CERTIFICATE OF EMPLOYER

Certified that Shri/Smt. _____had not taken any leave on medical grounds for the diseases like Insanity, Epilepsy, Gout, Asthama, Tuberculousis, Cancer, Leprosy, Diabetes etc. as per medical certificate produced by him from time to time during the period from the date, the first unpaid premium had become due in respect of PLI Policy No._____ held by him till this date.

Date:

Signature of Employer
with designation stamp

CERTIFICATE FROM MEDICAL OFFICER

I have examined Shri/ Smt_____on _____ and found him/her be in continuous good health.

Signature of the Insurant_____
Place_____
Date _____

SIGNATURE OF MEDICAL OFFICER.
Name of doctor_____
Degn
Seal & Date