X. DETAILS OF FAMILY DOCTOR

Name			
Qualification		Phone No.	
Address			
No. of Inpatient beds available		Other facilities of the hospital	

XI. Details of medical treatments / surgical operations during preceding 12 months

Nature or treatment	
Period of treatment	
Doctor / Hospital	

(Attach Medical documents like Discharge Summery / Test Reports for the treatment(s) taken)

XII. DETAILS OF MEDICAL HISTORY

(Please answer YES / NO and if the answer is YES give details)

Have you ever suffered from any of the following :

1) Details of any knowledge about, having positive existence and presence of any ailment, sickness, or injury, which may required medical attention in immediate future :

2) Any other complaint-requiring specialist's consultation or surgical or hospital treatment or investigations :

3) Any respiratory or allergic disease :

4) Diabetes or any urinary diseases :

5) Any other illness or disease or accident or operation sustained by you :

6) High blood pressure, heart diseases, including ischemic heart diseases other circulatory disorder etc. :

7) Any diseases of bones or joints including rheumatic diseases :

8) Slipped disc or other spinal disorder or (Fainting episode, blackout, fit, paralysis of any kind) :

9) Fistula, piles, hernia, varicose veins :

10) Any disorder of stomach, ulcer bowel or gall bladder, Kidney stones etc :

11) Any cancer, malignant growth boil, cyst or wound etc. Which does not heal or improve? :

12) Disease of uterus ovaries or breast or any specific gynecological disorders :

13) Any dimness of vision / cataract :

14) Any disease of ears, difficulty, or interference with hearing :

15) Have you ever suffered from dental problems? :

If yes When were you treated last for the same? :

16) Any nervous, mental, or psychiatric disease :

I, declare that all the details furnished in this application are true to the best of my knowledge and belief. I have disclosed all particulars affecting the assessment of the risk. I agree that this proposals and declaration shall be the basis of the contract between the TSF Administration and me. In addition, TSF Management and the relevant Governmental agency(s) on my behalf.

Date :

Place :

Signature