



Life Insurance Corporation of India

NB Re-Check Report

Division _____

Branch Office _____

Date _____

Proposal No./Policy No. _____

On the life of _____

Height(without shoes) (in cms.) _____

Weight(with thin clothes)..... (in kgs) _____

Chest(Over Nipples Stripped)..... (in cms.) _____

On complete Expiration _____

On Full Inspiration _____

Abdomen(Over Naval) Stripped..... _____

Marks of Identification..... _____

Signature of Proposer/Life Assured

Signature of Medical Examiner with seal/Branch Manager