



_____ DIVISION

PROPOSAL NO. _____

POLICY NO. _____

NAME OF BRANCH _____

SELF DECLARATION OF AGE

I _____ Son/Daughter/Wife of _____ by
 occupation _____ residing at _____ do hereby affirm and
 declare that to the best of my knowledge and belief I was born at _____ on
 _____ and I am of _____ years of age and that I have no other reliable
 (state date of birth I known)

documentary evidence of age to produce in proof of my age. I make this declaration consciously believing it to
 be true and knowing that on the faith/hereof the LIFE INSURANCE CORPORATION OF INDIA will admit my age
 in their records.

 Signature of Proposer/ Life Assured

DECLARED BEFORE ME at _____ and certified that the declaration has been read
 over to and understood by the declarant this _____ day of _____ 20 _____.

Secretary of the Panchayat /
 Member of the Panchayat/
 Block Development Officer /
 Tahsildar/ Class I Officer of LIC/
 Development Officer of LIC

To be completed by an appointed Medical Examiner of Corporation

I hereby certify that Shri / Smt. _____ was identified before me by Sri.
 _____ and from his appearance he/she looks to be approximately
 _____ years old.

 Signature of Proposer/ Life Assured

 Signature of Medical Examiner
 Code No.
 Name & Qualification
 Address: