



BY DEVELOPMENT OFFICER

**SPECIAL M.H.R. IN RESPECT OF PROPOSALS ON THE LIVES OF WIDOWS
FALLING UNDER CATEGORY III LADY LIVES
[TO BE GIVEN IN ADDITION TO FORM NO 3251 (REV)]**

Name of the Life to be Assured _____ Age _____ Years
 Proposal No. : _____

1. Whether she is whole time employee and / or engaged in the business :

2. Exact nature of duties of the life proposed and details of business etc.,

3. How many hours per day she devotes to work :

4. Names of all children and their ages and insurance particulars:

Name	Age	Insurance

5. If standard age proof is not being submitted reasons for the same :

Whether the Dev. Officer/ BM / ABM(S) has visited the place of work of the life proposed and he is satisfied that she is having earned income.

Signature of Official Giving Spl. MHR

Name : _____

Code No. : _____

No. of years of standing : _____