

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:

Pin Code

4. Date of Maturity:

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:

Name of Head Post Office:

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.

Date:

Signature of insurant

ONLY FOR PLI POLICIES

CERTIFICATE OF EMPLOYER

Certified that Shri/Smt.

had not taken any leave on medical grounds for the diseases like Insanity, Epilepsy, Gout, Asthma, Tuberculosis, 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