

FORM OF GOOD HEALTH DECLARATION (BY INSURANT)

I hereby declare that since my medical examination in connection with the revival for Life Insurance, I have not suffered from any serious illness and that there has not been any death or serious illness in my family.

I also declare that I am in good health today.

Station:

Signature of insurant

Date :

Name in block letters.

GOOD HEALTH CERTIFICATE (BY DOCTOR)

Certified that I have examined Shri/Smt.....holder of Postal Life Insurance policy No..... and I find him/her in continued Good Health.

Station :

Signature:

Date :

Designation
Office stamp.