

I have examined Sh./Smt. \_\_\_\_\_ on \_\_\_\_\_ and found him/her to be in continuous good health.

Signature of the Insurant

Place

Date

Name of the Medical Officer (In Capital Letters)

(Signature of Medical Officer)

Designation:

Seal and Date:

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### FORM OF STATEMENT OF TWO RESPECTABLE PEOPLE

1. I \_\_\_\_\_ hereby certify that

sh./smt \_\_\_\_\_ holder of policy

No. \_\_\_\_\_ is personally known to us for the \_\_\_\_\_ years  
and that there has been no adverse change in personal or family history of occupation of insurant is not related to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Occupation \_\_\_\_\_

2. I \_\_\_\_\_ hereby certify that

sh./smt \_\_\_\_\_ holder of policy

No. \_\_\_\_\_ is personally known to us for the \_\_\_\_\_ years  
and that there has been no adverse change in personal or family history of occupation of insurant is not related to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Occupation \_\_\_\_\_

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### TO BE COMPLETED BY THE POST OFFICE

Policy No \_\_\_\_\_ Amount Deposited \_\_\_\_\_ Name of the Insurant

\_\_\_\_\_ on \_\_\_\_\_ ACG receipt no

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I have checked the Medical Certificate' and statements from 2 (two) respectable people as appended above and found that these are completed in all respect

Signature of the Postmaster:

Rubber stamp:

Date: