CIC Registration form

CONNECT INDIA
Distribution Revolutionized

PLEASE FILL IN BLOCK/CAPITAL LETTERS				Photograph
Name:				
Father Name:				
Date of Birth (DD/MM/YYYY)		**Single / Married:**		
Land Line No:		**Mobile No:**		
Email ID:		**Gender: Male/Female**		
Permanent Address: (With pin code)		**Address for Correspondence:** (With pin code)		
Current Monthly Income				
PAN CARD No				
AADHAAR No				

Languages known	**Read**	**Write**	**Speak**

Educational Qualification

Qualification	**Stream**	**Year of Passing**	**University**	**% Marks**
Post Graduate				
Graduate				
Intermediate (10+2)				
High School				
Diploma / Computer certificate				

Business /Work Experience

Business/work	**From Date**	**To Date**	**Place**	**Type of business**
Are you a local from the area	Yes		No	
Do you own a shop/premises/land /house in the area of proposed business	Yes		No	
If no, do you own any immovable property in other area				
No of years in business in the same area				
1. Name of reference , address and contact no of reference				
2. Name of reference address and contact no of reference				

Self-Declaration: This is to certify that the above information provided by me is true to the best of my knowledge and I do understand that if the information is found to be incorrect in any manner my candidature would be forfeited.

Date		**Signature**

Declaration of Good Health

Master Policy holder Name : Connect India e Commerce Services Pvt. Ltd.

Sum Assured :

Master Policy No :

Franchise Partner (Member) ID :

Name of Nominee & Relationship :
(In case of minor, provide appointee details)

Name of Appointee & Relationship:
Please tick (√) the answer.

1) Are you currently receiving any medical treatment or advice? **Yes** ☐ **No** ☐
2) Have you been absent from work on health grounds for more than 10days at stretch during the last 12 months? **Yes** ☐ **No** ☐
3) Have you ever had a major medical condition such as any form of heart disease, stroke, cancer, hepatitis, or mental illness? **Yes** ☐ **No** ☐
4) Do you or have you ever suffered from any chronic or long term medical condition such as diabetes, hypertension, elevated cholesterol, colitis, kidney disease or HIV/ AIDS? **Yes** ☐ **No** ☐
5) Have you consulted any medical practitioner within the last 12 months for any condition other than minor impairments such as colds or flu? **Yes** ☐ **No** ☐
If you have answered YES to any of the questions above, please attach details.

I hereby declare that above statements are true in all respects and I agree that the information provided above from the basis of admission to the above scheme. I further declare that if any information be found untrue, my scheme membership shall be treated as cancelled from date of joining the scheme and all monies paid in the scheme shall be forfeited.

Signature **Place** **Date**

Vernacular Declaration

(To be filled by the person filling in the form: in case of signature in vernacular language, thumb impression and/or in case the proposal has not been filled in by the Life Insured)

I hereby declare that I have fully explained the contents of the Membership form to the proposed member and that he/she has fully understood the same and I have truthfully recorded the answers given by the proposed member.

Declarant Name and Address **Signature**