

**Medical Insurance Nominee Form**

Name:

PUNIT PRASAD UPRAJTY

ICICI Account No.(if you have)

Pan card No:

AGWPU4879M

Your Date of Birth:

10/08/1998

Nominee:

OM KAR PRASHAD

Relationship with nominee:

FATHER

Marital Status (Single/Married):

SINGLE

If married please mention the below mentioned details:

Wife/Husband's Name:

Date of Birth:

Age:

Gender:

Child1's Name:

Date of Birth:

Age:

Gender:

Child2's Name:

Date of Birth:

Age:

Gender: