

Medical Insurance Nominee Form	
Name:	Jayendra Kumar . L . A
ICICI Account No.(if you have)	232601512035
Pan card No:	AWKPJ3027E
Your Date of Birth:	20 23/11/1990
Nominee:	Arul . L
Relationship with nominee:	Father
Marital Status (Single/Married):	<input checked="" type="checkbox"/> Married
If married please mention the below mentioned details:	
<input checked="" type="checkbox"/> Wife/Husband's Name:	Nandhini . D
Date of Birth:	20/12/1995
Age:	27
Gender:	Female
Child1's Name:	-
Date of Birth:	
Age:	
Gender:	
Child2's Name:	-
Date of Birth:	
Age:	
Gender:	