

Medical Insurance Nominee Form

Name:	Jagan Kumar Gadugudukala
ICICI Account No.(if you have)	004001632733
Pan card No:	BUEPG0004R
Your Date of Birth:	02-08-1994
Nominee:	T. Vaishnavi
Relationship with nominee:	Spouse
Marital Status (Single/Married):	Married
If married please mention the below mentioned details:	
Wife/Husband's Name:	T. Vaishnavi
Date of Birth:	26-08-2000
Age:	25
Gender:	Female
Child1's Name:	
Date of Birth:	
Age:	
Gender:	
Child2's Name:	
Date of Birth:	
Age:	
Gender:	