

Medical Insurance Nominee Form	
Name:	Rishyendra Gudimetla
ICICI Account No.(if you have)	
Pan card No:	DIAPG7366E
Your Date of Birth:	01/08/2003
Nominee:	Gudimetla Ramanjaneyulu
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:	