

Medical Insurance Nominee Form	
Name:	Aurlinka. Sravani
ICICI Account No.(if you have)	
Pan card No:	EQNPG11909P
Your Date of Birth:	16/08/2004
Nominee:	Aurlinka. veesaveni
Relationship with nominee:	Mother
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:	