

Medical Insurance Nominee Form	
Name:	YASH TRIPATHI
ICICI Account No.(if you have)	
Pan card No:	CGKPT 6663 A
Your Date of Birth:	25/02/2002
Nominee:	AMBRISH KUMAR
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:	-