

Medical Insurance Nominee Form

Name:	Shilpa Mehandiratta
ICICI Account No.(if you have)	016801514121
Pan card No:	AJNPA0677R
Your Date of Birth:	28.08.1983
Nominee:	Rohit Mehandiratta
Relationship with nominee:	Husband
Marital Status (Single/Married):	Married
If married please mention the below mentioned details:	
Wife/Husband's Name:	Rohit Mehandiratta
Date of Birth:	16.04.1982
Age:	40
Gender:	Male
Child1's Name:	Aaradhya Mehandiratta
Date of Birth:	08.11.2012
Age:	10
Gender:	Female
Child2's Name:	
Date of Birth:	
Age:	
Gender:	