

Medical Insurance Nominee Form

Name:	ALOK SINGH KUSHWAHA
ICICI Account No.(if you have)	
Pan card No:	HOBPK2790R
Your Date of Birth:	10/07/1999
Nominee:	BAMKESH KUMAR MAURYA
Relationship with nominee:	BROTHER
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:	