

Medical Insurance Nominee Form

Name:	BHUWAN JHA
ICICI Account No.(if you have)	
Pan card No:	CJHPJ5108 G1
Your Date of Birth:	30/08/2003
Nominee:	Mrs. VANDANA JHA
Relationship with nominee:	MOTHER
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/Husband's Name:	Mrs. MOHAN JHA
Date of Birth:	30/06/1975
Age:	49
Gender:	MALE
Child1's Name:	ABHAY JHA
Date of Birth:	09/12/2004
Age:	21
Gender:	MALE
Child2's Name:	
Date of Birth:	
Age:	
Gender:	