

**Medical Insurance Nominee Form**

Name:	VIKRANT
ICICI Account No.(if you have)	721801509021
Pan card No:	B4CPVO710K
Your Date of Birth:	26/03/2002
Nominee:	RAMHUGAR SINHA
Relationship with nominee:	Father
Marital Status (Single/Married):	<input checked="" type="checkbox"/> Married
If married please mention the below mentioned details:	
Wife/Husband's Name:	RAMKUMARI DEVI
Date of Birth:	
Age:	55
Gender:	Female
Child1's Name:	VIKRANT
Date of Birth:	26/03/2002
Age:	24
Gender:	male
Child2's Name:	
Date of Birth:	
Age:	
Gender:	