

**Medical Insurance Nominee Form**

Name:	Maredla Anji Reddy
ICICI Account No.(if you have)	
Pan card No:	EHAPA0285A
Your Date of Birth:	15/03/2003
Nominee:	Maredla NARSI REDDY
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:	