

NATIONAL INSURANCE CO. LTD.

NAME & ADDRESS OF PROPOSER: INDIAN INSTITUTE OF TECHNOLOGY, DELHI

EMPLOYEE'S DETAILS: -

EMPLOYEE CODE _____

1 NAME OF THE EMPLOYEE: NAME _____ SURNAME _____

2 ADDRESS : _____ PH. NO. _____

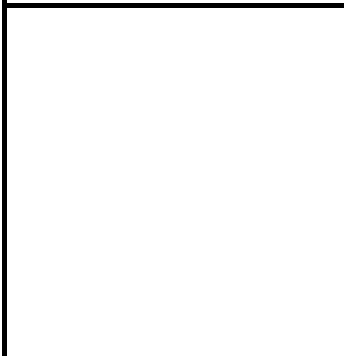


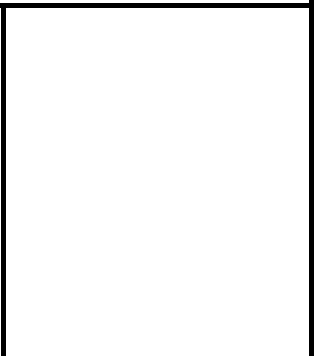
3 TOTAL NO. OF MEMBERS TO BE COVERED: (in figures) _____ (in words) _____

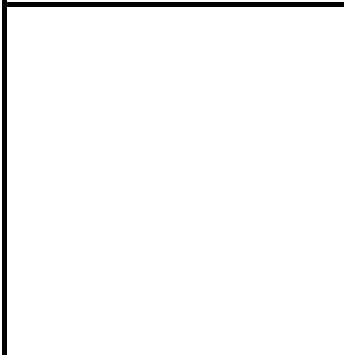


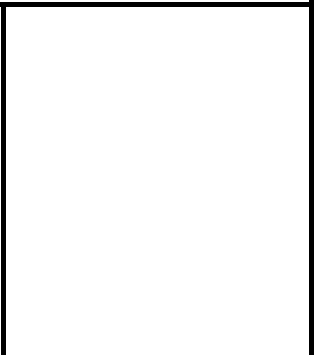
4. SUM INSURED OPTED FOR TOP-UP OVER RS. 2,00,000/- _____

5 FAMILY DETAILS: -

S. NO.	NAME	DOB MM/DD/YYYY	SEX	RELATION	EMPLOYEE'S SIGNATURE
				SELF	
				SPOUSE	
				CHILD 1	
				CHILD 2	
				CHILD 3	
				CHILD 4	
				*FATHER	
				*MOTHER	

PHOTOGRAPHS OF EMPLOYEE & HIS/HER FAMILY MEMBERS:

EMPLOYEE	SPOUSE	CHILD 1	CHILD 2
NAME _____	NAME _____	NAME _____	NAME _____
			

CHILD 3	CHILD 4	*FATHER	*MOTHER
NAME _____	NAME _____	NAME _____	NAME _____
			

MEMBERS ALREADY ENROLLED UNDER THE IIT, DELHI MEDICLAIM SCHEME SHOULD FURNISH THEIR VIPUL'S CARD ID NOS. , IN SPACE PROVIDED FOR PHOTOGRAPHS.

Verified by IIT, Delhi