

**NATIONAL INSURANCE CO. LTD  
ENROLLMENT FORM**

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

**EMPLOYEE'S DETAILS:-**

1. NAME OF THE EMPLOYEE: \_\_\_\_\_ SURNAME \_\_\_\_\_ EMP. CODE \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. CONTACT NO. \_\_\_\_\_ IITD MEDICAL BOOKLET NO. \_\_\_\_\_
4. TOTAL NO. OF MEMBERS TO BE COVERED: (in figures) \_\_\_\_\_ (in words) \_\_\_\_\_
5. FAMILY DETAILS:-

Sr. No.	NAME	DOB DD/MM/YYYY	SEX	RELATION	EMPLOYEE'S SIGNATURE
				SELF	Form Submission Date:- _____
				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 _____ _____

<del>CHILD 3</del>	<del>CHILD 4</del>	*FATHER	*MOTHER
_____	_____	NAME _____	NAME _____
_____	_____	_____	_____
X	X		

**\*Father/Mother # in case of married female employees, she can opt either her own parents or parents-in-laws to be covered under mediclaim scheme of company**

Verified by  
Concerned Establishment, IIT Delhi