

NATIONAL INSURANCE CO. LTD.

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

EMPLOYEE'S DETAILS: -

1 NAME OF THE EMPLOYEE NAME _____ **SURNAME** _____ **EMP.ID NO.** _____

2 ADDRESS : _____ **PH. NO.** _____

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

4. SUM INSURED OPTED FOR TOP-UP _____

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
_____	_____	_____	_____
_____	_____	_____	_____

--	--	--	--

*** 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 IIT, Delhi