

DECLARATION FORM

Form No -1

To be filled in by the employee please use only capital letters

(A) INSURED PERSON'S PARTICULARS

1. insurance No.

2.Name in block letters

3. Father's / Husband's Name

4.Date of Birth

4. (a)Disability Status

5 Marital Status

6.Sex

7.Present Address

8.Permanent Address

Y N	
Pincode	
Mobile No	
Email Id	
Pincode	
Mobile No	
Email Id	

(B)EMPLOYER'S PARTICULARS

9.Employer's Code No

10.Date of Appointment

11.Name & address of the employer

12. In case of any previous employment please fill up the below details

a.Previous Insu.No

b. Employer's Code No

c.Name & address of the employer

(C) Details of the Nominee

a. Name

b. Relationship

c.Address

(D) Family particulars of Insured person

[illegible]