| | DECLARATION FORM Form No -1 | | | | | | |
|--|------------------------------|--|--|--|--|--|--|
| To be filled in by the employee please use only capital letters | | | | | | | |
| (A) INSURED PERSON'S PARTICULARS | | | | | | | |
| insurance No. Name in block letters Father's / Husband's Name Date of Birth (a)Disability Status Marital Status | Y N | | | | | | |
| 6.Sex 7.Present Address | | | | | | | |
| 8.Permanent Address | 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 | Email Id | | | | | | |

| 12.In case of any details | previous employment | please fill up the bel | ow | | | |
|----------------------------------|----------------------------|------------------------|-------------------|------------------|--------------------------------------|-------|
| a.Previous Insu.N | o | | | | | |
| b.Employer's Code No | | | | | | |
| c.Name & address of the employer | | | | | | |
| | | | | | | |
| | | | | | | |
| (C) Details of the | Nominee | | | | | |
| a. Name | | | | | | |
| b.Relationship | | | | | | |
| c.Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (5) 5 | Leave Charles and a second | | | | | |
| (D) Family particu | llars of Insured person | | | Whether | | |
| SR.No | Name | Date of Birth/Age | Relationship With | Residing | If No State of place of Residence | |
| SK.NO | Name | Date of Birtif/Age | the Employee | with him /her | | |
| | | | | Yes No | Town | State |
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