

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:-

S.No.	NAME	DOB DD/MM/YY	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 _____ _____

CHILD 3	CHILD 4	*FATHER	*MOTHER
_____	_____	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
Concerned Establishment, IIT Delhi