Registration Form - Hospitalization Insurance   BOSCH

	Associate Details	
1.	Name	Sandeep Chowdhury
2.	Employee Number	35276129
3.	Marital Status	Single
4.	Date of marriage	
5.	Mobile Number	
6.	Residence Number	8389857827

Family details (Spouse And Children Only)

SI	Name	Relationship	Date of birth	Gender
1				
2				
3				
4				
5				

* Associate must submit this declaration form to HRS-IN Help desk within 30 days of event i.e. change in family status (addition/deletion).

* Signed forms can be handed over in person or sent by internal post to HRS-IN Helpdesk, when sent by internal post please write on cover - HRS-IN Helpdesk (Mediclaim Nominations)

* Any claim arising prior to declaration of dependents will not be admissible and in case of delay, coverage will commence from next policy year.

02-May-2024 Date:	Employee Signature
For internal use by HRS-IN Helpdesk	
Received Date / By	Reg Date / By