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FORM - 1

Dispensary							
Sl. No	E Code	Location	Old Insurance No.	State	District	Name of Dispensary	New Insurance

Employee's Personal Details								
Name as per Aadhar	Gender	Marital Status	Date of Birth (DD/MM/YYYY)	Date of Appointment (DD/MM/YYYY)	Aadhar Card No.	Name as per Aadhar Card	Father Name / Spouse Name	Relationship
SHANTANU SINGH	Male	UnMarried	23/07/2001	01/11/2022	693341749192	Shantanu Singh	Krishna Kumar Singh	Father

Present Address				Permanent Address				Email Id	Mob No
Address	State	District	Pin Code	Address	State	District	Pin Code	shantanus367@gmail.com	9044518006
AN-5 Shri Ram Chandra Mission Campus ,IIM Road	UTTAR PRADESH	Lucknow	226013	AN-5 Shri Ram Chandra Mission Campus ,IIM Road	UTTAR PRADESH	Lucknow	226013		

Nominee Details (Only One Person)					
Name	Relationship	Date of Birth (DD/MM/YYYY)	Aadhar Card No.	Name as per Aadhar	Address



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FORM - 1

Family Particular of Insured Person							
SN.	Name	Date of Birth (DD/MM/YYYY)	Relationship with the Employee	Aadhar Card No.	Name as per Aadhar	Whether Residing with him/her	If no state then place of residence
1	Krishna Kumar Singh	25/03/1960	Father	765784824616	Krishna Kumar Singh	Yes	UTTAR PRADESH