

**DETAILS FOR PERSONAL ACCIDENT INSURANCE POLICY**

<b>Name of the Employee</b>	<b>APPANI SUNDER</b>
<b>Father's Name</b>	<b>APPANI VENKATESHWARLU</b>
<b>Employee Number</b>	<b>1233450</b>
<b>Date of Joining</b>	<b>07 MARCH,2022</b>
<b>Designation</b>	<b>OPERATION EXECUTIVE</b>
<b>Date of Birth</b>	<b>22-11-1999</b>
<b>Present Address and Phone No</b>	<b>11-1-32 LABOUR COLONY,WARANGAL,506013. CELL.NO:6301434163</b>
<b>Permanent Address and Phone No</b>	<b>11-1-32 LABOUR COLONY,WARANGAL,506013. CELL.NO:6301434163</b>

**Name of the Nominee/Relationship with the Employee:**

<b>Name of the Nominee</b>	<b>Relationship with Employee</b>	<b>Percentage Payable</b>
<b>APPANI VENKATESHWARLU</b>	<b>FATHER</b>	<b>50</b>
<b>APPANI VIJAYA LAXMI</b>	<b>MOTHER</b>	<b>50</b>

**Name and Address of the person to be contacted in case of emergency:**

Please mention one emergency point of contact with their name,address and mobile number details.

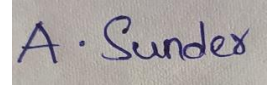
**Name: SUNIL VARMA**

**Address: 11-1-32 LABOUR COLONY,WARANGAL,506013**

**Contact: 9014380101**

**Place: Warangal.**

**Date:22mar,2022.**

A rectangular box containing a handwritten signature in blue ink that reads "A. Sundar".

**Signature of theEmployee**