

GROUP INSURANCE

(To be attached with Admission Form)



University of Rajasthan, Jaipur
Performa For Student Group Insurance

Form No.

| Name of Applicant Mother's Name Father's Name | Class with Section Department | Date of Birth Gender Category | Permanent Address Mobile Number Phone Number |
|---|----------------------------------|-------------------------------------|--|
| | | | |

Nominee Detail

| Name of Nominee & Address | Relation |
|---------------------------|----------|
| | |

Affix Photograph

Signature of Nominee

Signature of Student

(To be attached with Admission Form)

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