

Medical Insurance Nominee Form

Name:	R·MUNIYANDI
ICICI Account No.(if you have)	
Pan card No:	BYMPM6397K
Your Date of Birth:	08.11.1994
Nominee:	JM·ANITHA
Relationship with nominee:	SPOUSE
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/Husband's Name:	M·ANITHA
Date of Birth:	02.08.1996
Age:	28
Gender:	FEMALE
Child1's Name:	M·DHAYAZHINI
Date of Birth:	08.02.2021
Age:	04
Gender:	FEMALE
Child2's Name:	M·AARUDHRAN
Date of Birth:	29.05.2024
Age:	8 MONTH
Gender:	MALE

EMPLOYEE MEDICAL SELF DECLARATION FORM

Please specify if you're having health issue: YES/NO — NO
If yes, please specify in detail:

Suffering from any chronic diseases: YES/NO — NO
If yes, please specify in detail:

Undergoing any Medical Treatment: YES/NO — NO
If yes, please specify in detail:

I, R. MUNLYANI of 16C EAST STREET MIDDLE LANE, TPK, POKS
(Applicant's Name) (Applicant's Address)

Agree as an applicant being a fit and proper person and able to perform the inherent requirements of the position.

I do sincerely declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment health declaration may form part of my file.

I also voluntarily and freely consent to sharing of the above personal information in relation job employment to Marquis Technologies Pvt. Ltd

Applicant's signature  Date 03.01.2025