

Medical Insurance Nominee Form

Name:	ASHISH RAJE
ICICI Account No.(if you have)	
Pan card No:	FOEPR8743L
Your Date of Birth:	19/11/2003
Nominee:	Mrs. RAMWATI RAJE
Relationship with nominee:	MOTHER
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/Husband's Name: ✓	Mrs. TULSIRAM RAJE
Date of Birth:	01/01/1975
Age:	50
Gender:	FEMALE
Child1's Name:	PRATIKSHA RAJE
Date of Birth:	07/07/1999
Age:	25
Gender:	FEMALE
Child2's Name:	NAITIK RAJE
Date of Birth:	08/08/2009
Age:	15
Gender:	MALE