

Medical Insurance Nominee Form	
Name:	Basagouda. B. Patil
ICICI Account No.(if you have)	004701637543
Pan card No:	GPJPP9878H
Your Date of Birth:	09/09/2003
Nominee:	Nirupad. B. Patil
Relationship with nominee:	Brother.
Marital Status (Single/Married):	Single.
If married please mention the below mentioned details:	
Wife/Husband's Name:	
Date of Birth:	
Age:	
Gender:	
Child1's Name:	
Date of Birth:	
Age:	
Gender:	
Child2's Name:	
Date of Birth:	
Age:	
Gender:	

Basagouda  
12/12/2025

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