

Medical Insurance Nominee Form	
Name:	AMAN JHA
ICICI Account No.(if you have)	
Pan card No:	B0G1PJ7274A
Your Date of Birth:	29/04/1999
Nominee:	Mrs. KRISHNA JHA
Relationship with nominee:	MOTHER
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/Husband's Name:	Mrs. SURENDRA JHA
Date of Birth:	01/01/1979
Age:	45
Gender:	FEMALE
Child1's Name:	KULDEEP JHA
Date of Birth:	24/09/2001
Age:	22
Gender:	MALE
Child2's Name:	
Date of Birth:	
Age:	
Gender:	