Medical Insurance Nominee Form	
Name:	Sujam sundar
ICICI Account No.(if you have)	NA
Pan card No:	FLHPS8852P
Your Date of Birth:	07 June 1995
Nominee:	Mother / Tara devi
Relationship with nominee:	Mother
Marital Status (Single/Married):	Married
If married please mention the below mentioned details:	
Wife/Husband's Name:	Lalita kumari
Date of Birth:	10/02/1999
Age:	28
Gender:	Female
Child1's Name:	Triyansh
Date of Birth:	29 Sep 22
Age:	2 Years
Gender:	Male
Child2's Name:	NA
Date of Birth:	NA
Age:	NA
Gender:	NA