Medical Insurance Nominee Form	
Name:	Vedant Tripathi
ICICI Account No.(if you have)	
Pan card No:	CBLPT2474F
Your Date of Birth:	02/05/2003
Nominee:	Sandeep Tripathi
Relationship with nominee:	Father
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:	