| | Medical Insurance Nominee Form |
|-------------------------------------|---|
| Name: | RAMASHANKAR THAKUR. Central Bank of India, AICNO-3863119504. IFSC-CBIND28487 |
| ICICI Account No.(if you have) | Central Bank of India, IFSC-CBIND28487 A/CNO-3863119504. IFSC-CBIND28487 |
| Pan card No: | AVCIPT 6779E |
| Your Date of Birth: | 11/01/1992 |
| Nominee: | Anita kumari |
| Relationship with nominee: | wite. |
| Marital Status (Single/Married): | Massied. |
| If married please mention the below | w mentioned details: |
| Wife/Husband's Name: | Anita kumari |
| Date of Birth: | 14/02/2001 |
| Age: | 22 |
| Gender: | Female. |
| Child1's Name: | Meera Rami |
| Date of Birth: | 08/02/2019. |
| Age: | 04 year |
| Gender: | Female. |
| Child2's Name: | 04 year Female. Aditya 8 harma. 29 08 2020. |
| Date of Birth: | 29/08/2020. |
| Age: | 02 year. |
| Gender: | Male. |

Ramashankasz