IV. ENROLLMENT DETAILS OF PARENTS OF APPLICANT AGED BELOW 5 YEARS

Father's I.D. No.	
Mother's I.D. No.	

V. PERSONAL IDENTIFICATION MARKS

1	
2	

VI. PERMANENT ADDRESS

Fill only if differs to present address

Door No. / Flat No.		Building Name	
Street / Colony			
Village / Town / City			
Taluk			
State			
District		Pin Code	

VII. DETAILS OF EXISTING SOCIAL SECURITY MEASURES *

Life insurance Policy(s) :

Sum Insured INR		**Maturity on**	

Health insurance Policy(s) : Mediclaim / employee scheme)

Sum Insured INR		**Expiry on**	

Accident insurance Policy(s) :

Sum Insured INR		**Expiry on**	

Are you covering up under any welfare schemes? Like P.F. / E.S.I. / Welfare board / Employee Scheme or any other Schemes) (Yes / No.)
if YES give details

Whether attaching Xerox Copy of any Policy / Scheme Certificate? (Yes / No)

* Service Whenever required can obtain by furnishing Xerox Copy of the Policy / Scheme Certificate etc.,

VIII. DETAILS OF FAMILY DOCTOR

Name			
Qualification			
Address			
Phone No.		Mobile No.	