

IIT
JAMMU

INDIAN INSTITUTE OF TECHNOLOGY JAMMU

INSURANCE SCHEME OF IIT JAMMU FORM FOR NOMINATION BY STUDENT

Name of Student _____

Entry No. _____

Programme _____

Mother's Name _____

Father's Name _____

Permanent Address _____

I, having been covered, under the Insurance Scheme of I.I.T. Jammu, hereby nominate the persons mentioned below, who are members of my family to receive the amount of insurance in the event of my death.

<u>Name and address of</u>	<u>Relationship with student</u>	<u>Age</u>
1st Nominee _____	_____	_____
_____	_____	_____

2nd Nominee _____	_____	_____
_____	_____	_____

(Date)

Signature of student _____

Present Address _____
(of student)

Witness signatures (other than nominee)

1. Signature _____

Name _____

(in capitals)

Address _____

2. Signature _____

Name _____

(in capitals)

Address _____
