

UNIVERSITY OF RAJASTHAN, JAIPUR

STUDENT GROUP INSURANCE FORM SESSION 2020-21

Name of College/Deptt.

Course Name

Attested
Photograph

| | | | | |
|-----------------|---------------|---------------------|-------|------------------|
| Name of Student | Father's Name | Date of Birth | Class | Phone/Mobile No. |
| | | | | |
| | Mother's Name | Permanent Address : | | |
| Nominee's Name | Relation | Local Address : | | |

Signature of Nominee

Signature of Student

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Signature of Student