

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Dean of Students' Affairs Office

STUDENTS PERSONAL ACCIDENT INSURANCE FORM OF NOMINATION

Name of Student.....Roll No.....
(Please write in capitals)

Programme:.....Department:.....

Father's Name:.....

Permanent Address:.....

.....
Tel. No..... Fax No:.....

Correspondence Address:.....

.....
Tel. No..... Fax. No.....

Local Guardian's Address:.....
(Within 400 Km.)

.....Tel. No.....

I have been covered, under Personal Accident Insurance Scheme of IIT Kanpur, hereby nominate the person below, who is a member of my family to receive the amount of the Personal Accident Insurance in the event of my death.

Name & Address of Nominee(s)	Relationship	Age
Ist:
IInd

.....
(Signature of Student)
Room No..... Hall No.....

Witness Signature(s)

Ist Name:..... Signature:.....

IIT Address:.....

IIndt Name:..... Signature:.....

IIT Address:.....