



INDIAN INSTITUTE OF TECHNOLOGY KANPUR

Dean of Students' Affairs Office

STUDENTS AND PROVIDING PARENT PERSONAL ACCIDENT INSURANCE FORM OF NOMINATION

Please fill in all details in CAPITAL LETTERS

Name of Student..... Roll No.....

Programme Department.....

Father's Name..... Mother's Name.....

Name of the PROVIDING PARENT..... Age.....
(Who shall be insured as providing parent)

Permanent Address.....

(Where student's family may be contacted for at least next 4/5 yrs.).....

Tel No..... Mobile No..... E-mail ID.....

Correspondence/Local Guardian's Address.....

(For immediate communication).....

Tel No..... Mobile No..... E-Mail ID.....

I have been covered, under personal Accident Insurance Scheme of IIT Kanpur, hereby nominate the person(s) below (A), who is member of my family to receive the amount on Personal Accident Insurance in the event of my death. I also undertake that in the event of death of my providing parent, the sum payable under the policy may be paid to nominated person(s) below (B):

INSURED	Name & Address of Nominee (s)*	Relationship	Age
(A) In case of student	(1).....
	(2).....
(B) Insured providing parent	(1).....
	(2).....

* In the case nominee being minor, give the name & address of under Guardian.

Date of Birth

.....
(Signature of Student)

Room & Hall No..... Mobile No..... Email ID.....

Witness (1) Name.....

IIT address..... Tel no..... E-mail ID.....

Witness (2) Name.....

IIT address..... Tel no..... E-mail ID.....