

ANNEXURE – 1

EMPLOYEES REGISTRATION FORM – 1

Insured Person's Particulars		
1	IS INSURED PERSON DISABLED	YES/NO
		If yes, kindly submit the Certificate
2	NAME	
3	NAME OF FATHER/HUSBAND	
4	DATE OF BIRTH	
5	MARTIAL STATUS	
6	GENDER	
7	PRESENT ADDRESS	
	PHONE NUMBER	
	MOBILE	
	EMAIL	
	STATE	
	DISTRICT	
8	PERMAMENT ADDRESS	

	PHONE NUMBER	
	MOBILE	
	EMAIL	
9 (a)	DISPENSARY OR IMP OR mEUD FOR INSURED PERSON	
9 (B)	DISPENSARY OR IMP OR mEUD FOR FAMILY MEMBERS	
10	CURRENT EMPLOYERS PARTICULARS	UNIVERSITY OF AGRICULTURAL SCIENCES, BANGALORE
11 (a)	HAVE PREVIOUS EMPLOYER	YES/NO
11 (b)	IN CASE OF ANY PREVIOUS EMPLOYMENT PLEASE FILL UP THE DETAILS BELOW	
	EMPLOYERS CODE NO	
	PREVIOUS INSURANCE NO	
	NAME OF THE EMPLOYER	
	ADDRESS OF THE EMPLOYER	

	STATE		
	DISTRICT		
	PIN CODE		
	EMAIL		
	PHONE NO		
	MOBILE NO		
12	DETAILS OF NOMINEE		
	NAME		
	RELATIONSHIP WITH INSURED PERSON		
	ADDRESS OF NOMINEE		
	STATE		
	DISTRICT		
	PINCODE		
	MOBILE		
13	FAMILY PARTICULARS OF INSURED PERSON		
	RELATIONSHIP WITH THE EMPLOYEE	NAME	DATE OF BIRTH
	Spouse		
	Minor dependent son		
	Dependent Unmarried Daughter		
	Dependent Son Receiving Education		
	Dependent in firm son		
	Dependent in firm unmarried daughter		
	Dependent father		
	Dependent mother		
	Brother		
	Sister		
	Others		
	WHETHER RESIDING WITH HIM/HER		
	IF NO,STATE PLACE OF RESIDENCE		

14	BANK ACCOUNT DETAILS OF INSURED PERSON	
	NAME OF THE BANK	
	ACCOUNT NUMBER	
	ACCOUNT TYPE (SAVINGS/CURRENT)	
	BRANCH	
	MICR CODE OF THE BANK	
	IFSC CODE OF THE BANK	
15	AADHAR NUMBER (XEROXY COPY TO BE ENCLOSED)	
	PAN NUMBER (XEROXY COPY TO BE ENCLOSED)	
16	DEPARTMENT/OFFICE	

I HEREBY DECLARE THAT THE STATEMENT GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO UNDERTAKE TO INTIMATE CHANGES

DATE:

SIGNATURE

NAME

DESIGNATION

COUNTER SIGNATURE BY THE CONTROLLING OFFICER