



INDIAN INSTITUTE OF TECHNOLOGY DELHI

INSURANCE SCHEME OF IIT DELHI
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. Delhi, hereby nominate the persons mentioned below, who are members of my family to receive the amount of insurance in the event of my death.

Name and address of Relationship with student Age
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 _____

