



PONDICHERRY UNIVERSITY
PONDICHERRY

Stamp size
Photo duly
attested by the
HOD

I.D. No.....

APPLICATION FOR GROUP INSURANCE FOR THE ACADEMIC YEAR 200 - 200

Name of the Student : _____

Father / Guardian's Name : _____

Name of the Course & Subject : _____

Date of Joining : _____

Year in which Studying : First Year / Second Year / _____

Date of Birth : _____

Blood Group : _____

Address (i) Permanent : _____

(ii) Communication : _____

Vehicle No. (if. Any) : _____

Phone No _____ Mobile No _____ E-mail address _____

Group Medclaim Policy Fees Rs: _____ Paid in the Account NO.204

vide Challan No _____ Dated _____

I hereby declare that all the information given by me in support of my application are true, complete and correct to the best of my knowledge and belief and if any of them is found to be incorrect or false, my admission shall be liable to be cancelled and I shall be liable to such other disciplinary action as may be decided upon by the University. I will accept the date of commencement of the Insurance Coverage as mentioned in the I.D. Card.

SIGNATURE OF THE STUDENT