

**VISVA-BHARATI
SANTINIKETAN**

**FORMAT FOR STUDENTS' MEDICAL INSURANCE
APPLICATION FORM**

Photograph
of Student
(Passport
Size)

1. STUDENT'S INFORMATION

- a) NAME OF THE STUDENT (In block letters) :
- b) DATE OF BIRTH : SEX :
- c) ADDRESS IN FULL :
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- d) TELEPHONE NO. (Landline with STD Code) :
- e) MOBILE PHONE NO OF STUDENT :
- f) STUDENT E-MAIL ID :
- g) BLOOD GROUP :
- h) ENROLMENT NO. / ROLL NO. WITH STREAM :
- i) YEAR & SEMESTER :
- j) DEPARTMENT & BHAVANA :

2. BANK DETAILS

- a) SAVINGS BANK ACCOUNT NO. :
- b) NAME OF ACCOUNT HOLDER :
- (Student / Father / Mother)
- c) NAME OF THE BANK AND BRANCH :
- d) IFSC CODE :
- e) MICR CODE :

3. NAME OF FATHER / MOTHER / GUARDIAN :

- a) ADDRESS :
- b) LANDLINE NO. MOBILE NO.

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SIGNATURE OF HOD/ PRINCIPAL
WITH SEAL

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SIGNATURE OF THE STUDENT