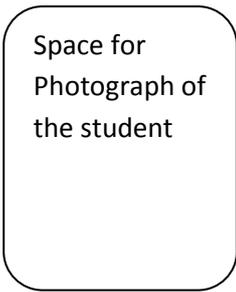


FORMAT FOR STUDENT TO BE COVERED UNDER MEDICAL INSURANCE SCHEME



1. NAME OF THE STUDENT:
2. NAME OF THE GUARDIAN:
3. ADDRESS IN FULL:
4. TELEPHONE NO (LANDLINE WITH STD CODE):
5. MOBILE PHONE NO.:
6. E-MAIL ID:
7. DATE OF BIRTH:
8. SEX:
9. BLOOD GROUP:
10. SAVINGS BANK ACCOUNT NO. of GUARDIAN:
11. NAME OF THE BANK & BRANCH (WITH IFSC & MICR CODE):
12. ENROLMENT NO/ ROLL NO WITH STREAM:
13. DEPARTMENT/ BHAVANA:
14. NAME F THE POLICY HOLDER: VISVA-BHARATI

SANTINIKETAN

SIGNATURE OF THE STUDENT

DATE:

COUNTER SIGNATURE BY PRINCIPAL/ HOD, WITH OFFICIAL SEAL

Above data to be fed in Excel Sheet as per attached format