

“YUVA RAKSHA”
(GROUP INSURANCE SCHEME FOR STUDENTS)
STUDENTS REGISTRATION FORM
(Copy to be Submitted along with the Admission
Form)

1. Name of Insured (Student) : _____
2. Class : _____
3. Residential Address : _____

4. Student's Date of Birth : _____
5. Blood Group : _____
6. Name of Guardian : _____
7. Signature of the Guardian : _____

8. Amount of Premium Paid in : (For Office use
Only) Cash or in cheque (details)

Student's Signature

For Office use only : -

Received from Student (Name : _____ of _____ Course)

Premium of Rs. _____ against the receipt no _____ dated _____

Institute /Department/College Seal/Stamp with Signature

(College to preserve the slip along with Admission Form)