

**UNITED INDIA INSURANCE COMPANY LIMITED**

DIVISIONAL OFFICE NO-1, BHUBANESWAR

STUDENT DECLARATION FORM FOR UNI STUDY CARE INSURANCE SCHEME

Name of the Department .....

Name of the Course.....

|                                    |
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|     |  |   |  |
|-----|--|---|--|
| 1.  | Name of the Student  | : |  |
| 2.  | Admission session  | : |  |
| 3.  | Department Roll NO.  | : |  |
| 4.  | Date of Birth  | : |  |
| 5.  | Pre-existing disease/deformity if any                      | : |  |
| 6.  | Name of Father/ Guardian                                   | : |  |
| 7.  | Father/ Guardian's Age                                     | : |  |
| 8.  | Profession of Father/ Guardian                             | : |  |
| 9.  | Existing disease or Deformity if any of Father or Guardian | : |  |
| 10. | Name of the Nominee and relationship                       | : |  |

**DECLARATION**

I hereby declare that the statements made by me this proposal Form are true to the best my knowledge and belief.

Counter Signature of the Head of the Department/ Course Coordinator

Signature of the Student