UNITED INDIA INSURANCE COMPANY LIMITED

DIVISIONAL OFFICE NO-1, BHUBANESWAR

FORMAT FOR STUDENT'S DATA ACCADEMIC YEAR -……

Name of the Department ……

Name of the Course ……

Sl. No.	Roll No.	Name of the Student	Admission session	Date of Birth	Name of Father/ Guardian	Nominee/ Relationship

Signature of the Head/ Course Coordinator