



NEW INDIA ASSURANCE CO LTD PROPOSAL FORM

HEAD OFFICE : 87,M G ROAD,FORT,MUMBAI - 400001

Authorised Agent : Ashadip Medical and Social Welfare Association,

Website : <http://www.ashadip.org> **Email :** ashadipmedical@gmail.com **Agency Code :** MI00000130

Policy Name : UNIVERSAL HEALTH INSURANCE SCHEME(UHIS)

Name of the Proposer :

Address :

Pin No : **Mobile**

Family Details -

Sl No	Name	Sex	Age	Relation
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1.

2.

3.

4.

5.

6.

7.

Nominee Name :

Nominee Age

Nominee Relation :

Sponsor's Details -

NAME : ASHADIP MEDICAL AND SOCIAL WELFARE ASSOCIATION

Registered Office : AT+PO+PS-SABANG,DIST-PASCHIM MEDINIPUR,W.B,PIN 721144

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Signature of the Proposer