

SURAKSHA CHAKRA 2022 – INSURANCE ENROLLMENT FORM

Entry ID: **1615**

Team Reference: **SC9**

Date of Collection: **06-Jun-2022**

Ward Name: **MUTHUKAD**

House No: **249**



Name of the Person : **Sumathi**

Address: **Ambalakunnu(h)
Muthukad(po)673528(pin)**

Number of Members: **4**

DETAILS OF THE HEAD OF THE FAMILY

Head of the Family – Name: **Sumathi**

Gender: **Female**

Date of Birth: **01-Jan-1976**

Member Age Band: **Age 18-70**

Marital Status: **Married**

Bank Membership Details: **Not
Member**

Mobile Number: **9072356352**

Email :

Education: **Others**

Employment: **Daily Wage Labourer**

Do you have any Deformity: **No**

If Yes, Specify: — **Select** —

Do you have any Insurance Policy:

If Yes, Provide details: **No**

DEMOGRAPHY

Religion: **Hindu**

Social Class: **Scheduled Tribe (ST)**

Standard of Living: **Own House**

Type of House: **Concrete House**

Is Toilet Facility Available: **Yes**

Area of Living: **Tribal Area**

Area of Land (in total) : **28cent**

Income as per Ration Card: **6000**

Select Cultivated Crops:

SPOUSE DETAILS

Spouse Name:

Gender: — **Select** —

Date of Birth:

Age Band: — **Select** —

Education: — **Select** —

Employment: — **Select** —

Do you have any Deformity: — **Select** —

If Yes, Specify: — **Select** —

Do you have any Insurance Policy: — **Select** —

If Yes, Provide details:

Bank Membership Details: — **Select** —

PARENTS DETAILS

Parent - Father

Fathers Name:

Date of Birth:

Bank Membership Details: — **Select** —

Age Band: — **Select** —

Do you have any Deformity: — **Select** —

If Yes, Specify: — **Select** —

Do you have any Insurance Policy: — **Select** —

If Yes, Provide details:

Parent - Mother

Mothers Name:

Date of Birth:

Bank Membership Details: — **Select** —

Age Band: — **Select** —

Do you have any Deformity: — **Select** —

If Yes, Specify: — **Select** —

Do you have any Insurance Policy: — **Select** —

If Yes, Provide details:

Parent - Father in Law

Father in Law's Name:

Date of Birth:

Bank Membership Details: — **Select** —

Age Band: — **Select** —

Do you have any Deformity: — **Select** —

If Yes, Specify: — **Select** —

Do you have any Insurance Policy: — **Select** —

If Yes, Provide details:

Parent - Mother in Law

Mother in Law's Name:

Date of Birth:

Bank Membership Details: — **Select** —

Age Band: — **Select** —

Do you have any Deformity: — **Select** —

If Yes, Specify: — **Select** —

Do you have any Insurance Policy: — **Select** —

If Yes, Provide details:

CHILDREN'S DETAILS

1st Child Details

Child Name: **Deepa**

Gender: **Female**

Date of Birth: **01-Jan-1999**

Age Band: **Age 18-70**

Education: **Secondary School (Class VI-X)**

Institution Name: **Perambra Estate school**

Do you have any Insurance Policy: **No**

If Yes, Provide details: **No**

Bank Membership Details: **Not Member**

2nd Child Details

Child Name: **Deepu**

Gender: **Male**

Date of Birth: **01-Jan-2004**

Age Band: **Age 5-18**

Education: **Secondary School (Class VI-X)**

Institution Name: **Perambra Estate school**

Do you have any Insurance Policy: **No**

If Yes, Provide details: **No**

Bank Membership Details: **Not Member**

3rd Child Details

Child Name: **Sukanya sumathi**

Gender: **Female**

Date of Birth: **01-Jan-2008**

Age Band: **Age 5-18**

Education: **Secondary School (Class VI-X)**

Institution Name: **Perambra estate school**

Do you have any Insurance Policy: **No**

If Yes, Provide details: **No**

Bank Membership Details: **Not Member**

4th Child Details

Child Name:

Gender: — **Select** —

Date of Birth:

Age Band: — **Select** —

Education: — **Select** —

Institution Name:

Do you have any Insurance Policy: — **Select** —

If Yes, Provide details:

Bank Membership Details: — **Select** —

5th Child Details

Child Name:

Gender: — **Select** —

Date of Birth:

Age Band:

Education: — **Select** —

Institution Name:

Do you have any Insurance Policy: — **Select** —

If Yes, Provide details:

Bank Membership Details: — **Select** —

INSURANCE DETAILS

Do you own a two wheeler: — **Select** —

If yes, 2W vehicle registration number :

Do you own a three wheeler: — **Select** —

If yes, 3W v

Do you own a Four wheeler: — **Select** —

If yes, 4W vehicle registration number :

Do you have any other insurance policy other than motor: **Yes**

If Yes, Choose: **Govt Scheme**

If Government Scheme, Specify: **Others**

If Owned Insurance, Specify: — **Select** —

Other Details (if any): **Rsby**

SUBMIT

Other Details:

Data Entered by SC9,

• This is a computer generated form.

Thank You

A Christ University and Chakkittapara Cooperative Bank Initiative

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