Effective Management Consultants
Mumbai

Master Document No:
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Date: September 14, 2023

Information for Insurance Cover for self and dependents (If applicable for the position)

Date:….....

Sr. No.	Name	Relationship	Date of Birth (DD/MM/YYYY)	Age (Yrs)	Sex (Male/ Female)	Policy (Do not write anything)	Occupation	Annual Income (in Lac p.a.)	Height in Cms	Weight Kgs.	Name of the family doctor	Mobile Number of the employee / family member	email ID of the employee / family member	Pre-existing disease (if any)	PAN Card No. (Attach copy)	Aadhar Card No. (Attach copy)
1		Self														
2																
4																
5																
6																

Note:

1 Write your name and details in Sr. No. 1
2 Do not keep any point blank
3 Do not make any spelling mistake
4 Do not give any false information
5 Attach PAN and AADHAR card copies with this form
6 Do not change / modify this format
7 Send this file in soft copy only and not in hard copy