



INDIAN INSTITUTE OF TECHNOLOGY DELHI

FORM F
(PG)

BENEVOLENT FUND SCHEME FORM FOR NOMINATION BY STUDENTS

I hereby nominate the person mentioned below, who is a member of my family, to receive amount of out-right "grant" as per prescribed rate laid down in the Benevolent Fund Scheme Rules (BFSR) in the event of my death due to an accident while undergoing studies at the Institute.

Name and Address of the Nominee	Relationship with member-student of BFSR	Age
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Dated this _____ day of _____ at IIT Delhi, New Delhi-110 016.

Signature of Member-student of Benevolent Fund

Entry No.: _____ Student Name: _____

Witnesses to the signature of the Member-student:

1. Signature _____

Name _____

Address _____

2. Signature _____

Name _____

Address _____

For official use

Accepted _____

Signatures _____

Designation _____



INDIAN INSTITUTE OF TECHNOLOGY DELHI

INSURANCE SCHEME OF IIT DELHI FORM FOR NOMINATION BY STUDENT

Note: All UG & PG students enrolled at IIT Delhi are covered under Vidyarthi (Group) Mediclaim Personal Accident Insurance Policy upto Rs. One lakh only. This policy is operated by M/s. National Insurance Co. Ltd. New Delhi. In case of hospitalization the treatment can be availed from all major (Regd.) hospitals all over the country via cashless facility or reimbursement of the expenses may be claimed from M/s. National Insurance Co. Ltd.

Name of Student _____

Entry No. _____

Programme _____

Mother's Name _____

Father's Name _____

Permanent Address _____

I, having been covered under the Insurance Scheme of I.I.T. Delhi, hereby nominate the persons mentioned below, who are members of my family to receive the amount of insurance in the event of my death.

<u>Name and address of</u>	<u>Relationship with student</u>	<u>Age</u>
1st Nominee _____	_____	_____
_____	_____	_____
2nd Nominee _____	_____	_____
_____	_____	_____

Date: _____ Signature of student _____

Present Address _____
(of student)

Witness signatures (other than nominee)

- | | |
|--------------------|--------------------|
| 1. Signature _____ | 2. Signature _____ |
| Name _____ | Name _____ |
| (in capitals) | (in capitals) |
| Address _____ | Address _____ |
| _____ | _____ |
| _____ | _____ |

For details and the list of hospitals, please see <http://www.safewaytpa.in>
In case of emergency, one may directly contact Mr. Rahul Vij: 9212231982