

M.P.P.K.V.V. COMPANY LTD., JNDORE

DETAILS OF EMPLOYEE FOR GROUP TERM INSURANCE

1	Full Name of Employee	
2	Father's Name	
3	Designation	
4	Employee Class	
5	Employee No.	
6	Contact Number	
7	Date of Birth of Employee	

DETAILS OF NOMINEE

8	Name of Nominee	
	Address of Nominee	
	Contact Number of Nominee	
	Date of Birth of Nominee	

9	Relation of Nominee with Employee	
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	WITNESS's SIGNATURE	[SIGNATURE]
[1]		Name of Employee:
		Address:
[2]		