

**“YUVA RAKSHA”**  
**(GROUP INSURANCE SCHEME FOR STUDENTS)**

**STUDENTS’ REGISTRATION FORM**  
(Copy to be submitted along with the Admission Form)

1. Name of Insured (Student) : \_\_\_\_\_
2. Class : \_\_\_\_\_
3. Residential Address : \_\_\_\_\_
4. Student’s Date of Birth : \_\_\_\_\_
5. Blood Group : \_\_\_\_\_
6. Name of Guardian / Father : \_\_\_\_\_
7. Signature of the Guardian / Father : \_\_\_\_\_
8. Amount of premium paid in  
Cash or Cheque (details) : \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Students Signature

**FOR OFFICE USE ONLY**

Received from Student (Name : \_\_\_\_\_ of \_\_\_\_\_ course)

Premium of Rs. \_\_\_\_\_ against the receipt No. \_\_\_\_\_ dated \_\_\_\_\_

**Institute / Department / College Seal / Stamp with Signature**

**(College to preserve the slip along with Admission Form)**

