

**APPLICATION FORM FOR FULL COMPREHENSIVE
HEALTH INSURANCE POLICY TO WORKING JOURNALISTS**

PHOTO
OF
JOURNALIST

1.	Name of the journalist	
2.	Designation	
3.	Organisation & Place of Working	
4.	Address for correspondence	
5.	Mobile No.	
6.	E-Mail I.D	
7.	Accreditation number (copy to be enclosed)	
8.	Identity card number (copy to be enclosed)	
9.	Aadhar card number (copy to be enclosed)	
10.	Name of the family members with age and relation	1. 2. 3. 4. 5.
11.	Any existing disability to the journalist, if any pl. specify	
12.	Name of the nominee and relationship with the journalist	

Signature of the journalist