

**“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 : \_\_\_\_\_
7. Signature of the Guardian : \_\_\_\_\_
8. Amount of Premium Paid in Cash or in cheque (details) : (For Office use Only)

\_\_\_\_\_  
Student's 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)

---