



Kerala Lalithakala Akademi

THRISSUR - 680 020

Tele Fax : 0487- 2333773

Insurance Form

Name :

Aadhar No :

Gender :

DOB :

Father / Husband's Name :

Occupation :

Caste :

Address :

Bank A/C No. :

IFSC Code :

Name of Bank & Branch :

Mobile No :

Nominee :

Nominee Relationship :

Date :

Place :

Name & Signature