

**ALL KERALA INCOME TAX AND SALES TAX PRACTITIONERS ASSOCIATION**

**REG.NO.ER.38/87**

**Varghese Thittayil Road, Perumanoor P.O, kochi-682015**

**APPLICATION FOR REGISTRATION UNDER GROUP INSURANCE SCHEME**

**[Please give Full & Correct Address with District & Pin code in Block letter]**

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Name of Applicant (Block Letters) : .....

Age .....

Date of Birth .....

Residence Address (Block Letters) : .....

Phone No.....

Name of Nominee (Block Letters) .....

Relation ship with applicant .....

Residence Address (Block Letters): .....

**NB: Individual Insurance Premium : Rs.157/- (One Hundred and fifty seven only)**

Place : .....

**Signature of Applicant**

Date : .....