

**NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR (CHHATTISGARH)**

**Student Safety Insurance Scheme Academic Year 2011-12**

- 1) Name of the Student-----
- 2) Name of Father/Guardian-----
- 3) Full Address of Parent/Guardian-----  
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- Phone No./ Mobile No.-----
- E-Mail Address-----
- 4) Academic Stream/Branch/Dept-----
- 5) B. Tech/M. Tech/M.C.A. -----Semester-----Branch-----
- 6) Admission Roll No.-----
- 7) Date of Admission-----
- 8) Hostel Student or Other-----
- 9) Residential Address of Student-----  
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- 10) Name & Contact details of Local Guardian-----  
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**DECLARATION**

**We , hereby undertake that Details submitted as above for coverage under Student Safety Insurance arrangement with United India Insurance Co. Ltd. are true ,correct and complete. information/relevant bills/ documents required by United India Ins. Co. Ltd. for settlement of Claim shall be submitted through the Institute. Information as submitted above if is found as false or not correct &/or required bill/document is not submitted and claim is rejected by United India Ins. Co. Ltd. then there shall not be any responsibility of the Institute to compensate the loss sustained by us.**

Place----

Signature of Student

Guardian Signature

Date----