



ST PAULS INSTITUTE OF COMMUNICATION EDUCATION FOR WOMEN  
(Affiliated to the University of Mumbai)  
24<sup>th</sup> Road, Bandra (W), Mumbai 400 050 Tel: 022- 26425709  
E-mail: [director@stpaulsice.com](mailto:director@stpaulsice.com)/ Web: [mum.stpaulscollege.edu.in](http://mum.stpaulscollege.edu.in)

**“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)