



Bulliorance Mantra Industries Pvt. Ltd.

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S. No. ABM 4801

Application Form

a) Name :

b) Father/Husband's Name: Sri / Smt.

c) Date of Birth..... Current Age..... Gender.....

d) Permanent Address:.....

e) Monthly Income :..... Source of Income :.....

f) General Caste/Backward Caste/Scheduled Caste/Others :.....

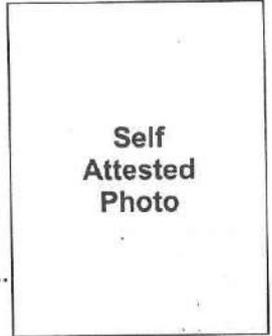
g) Current Active Phone..... Email :

h) Bank Account Details (Strike out if not available)

Bank Name..... Branch.....

Account No..... IFSC

i) I, in the event of my death, nominate the following person for receiving the insurance amount under the scheme, if I am benefitted in the above scheme. The nominated person will receive the insurance amount.



Nominee's Details

Enrollment by Nominee	Nominee's Name	Date of Birth/Age	Relationship with Addhar	Permanent Address

Note: All the information provided in the application form is completely accurate. I have not hidden any facts in the application form. If any information is found to be incorrect, I will be solely responsible for it.

Date

Signature

Note : The Following Documents are mandatory.

IBM No

1. Xerox Copy of Aadhaar
2. Xerox Copy of PAN
3. Passport Size Photo (2 Nos)
4. Cancelled Cheque or Bank Passbook Photocopy

Student Details

Student Information :

a) Student's Name :

b) Father's Name :

c) Active Mobile No. : Email :

d) Class Section..... Date of Birth.....

e) Current Age..... Gender.....

f) Permanent Address:

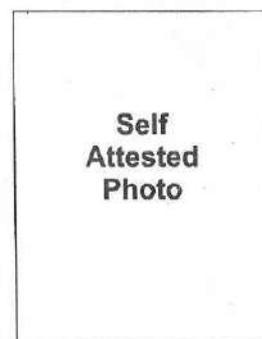
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g) General Caste/Backward Caste/Scheduled Caste/Others :

h) Bank Account Details (Strike out if not available)

Bank Name.....Branch.....

Account No.....I.F.S.C. Code.....



i) In case of any unfortunate event during the implementation of the above scheme, I hereby nominate the person named below to receive the entire amount due under the scheme for the proper care of my health.

Student's Details

	S No.	Student's Name	Date of Birth/Age	Relationship with Addhar	Permanent Address
Enrollment by Student	1				
	2				

Note: All information provided in the application form is completely accurate. I have not concealed any facts in the application form. If any information is found to be incorrect, I will be solely responsible.

Date.....

Student's Signature

ID Number of
Authorised Person

Signature of
Authorised Person

Instructions

1. Fill in this form with complete information in clean and neat letters.
2. If the child is very young, the school's teacher and parent should assist in filling out the form.
3. Incomplete forms or cut letters will not be accepted.
4. The school seal and the principal's signature are essential on the application form.
5. Any dispute will be under the jurisdiction of the High Court located in Lucknow.
5. The presence of the parent is mandatory in the complete form being filled out by the student.