



The Student Nurses' Association of India
Estd 1929

Application for Accidental Death Insurance

Name of the Deceased student: _____

Age: _____ Sex: _____

Course: ☐ ANM ☐ GNM ☐ B.Sc. (N)

Year of the Study: _____

Name & Address of the Institution: _____

_____ SNAI ID number:

Date of Death: _____

Address of the Deceased at the time of Death: _____

Description of the Accident:

Details of the Parents:

Father's name: _____

Mother's name: _____

Father's Signature:

Mother's Signature:

Details of the spouse:

Husband/ Wife Name: _____

Bank details:

Name of the Account Holder: _____

Nature of account _____

Name of the Bank & Branch _____

Bank Account Number																			
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IFSC CODE																			
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Forwarded & signed by

Unit SNAI Secretary (student)

Unit SNAI Advisor

Principal of the Institution

Recommendation & Signature by

State TNAI President / State TNAI Secretary / State SNAI Advisor

(TNAI State Branch Office Bearer)

Supportive documents to be enclosed

1. SNAI Membership Card
2. Aadhar card of the Student
3. FIR Copy
4. Death Certificate
5. Original Panchnama (Summary of death report from the Police Department)
6. Post-Mortem Certificate
7. Newspaper cutting
8. Organ donation (if any)
9. Parent Bank Details (Joint Account)
10. Bank Passbook (front page) or cancelled cheque
11. Covering Letter from the Principal
12. Request Letter from the parents
13. Recommendation from the State Branch