

Gautam Buddha University

(Student Health/Medical Insurance Form)

STUDENT DECLARATION /UNDERTAKING FORM

I, Mr. /Ms.....

Mobile No: Email. Address:

Date of Birth: (DD-MM-YYYY), Gender (Male/Female).....

University Enrolment Number.....

I have submitted the premium amount of **(INR) 885/- (Eight Hundred Eighty Five Only)** in CASH/ ONLINE.

In case of cash payment:

Cash receipt no.:

Online Payment: **Transaction ID/ UPI Details:**

I hereby declare that the above information submitted by me is correct to the best of my

Knowledge

Signature of Student:

Date:

Place: