#### **ANNEXURE-I**





### వ్యవసాయ శాఖ తెలంగాణ ప్రభుత్వము

		ನ	ಿಮಿನ	కేషన్ శ	ইত								
	గాణ రాష్ట్ర రైతుల												
(తెలంగాణ ప్రభుత్వవ	యీ ద్వారా అమలు	చేయబ	మ పర్తి	భకం మ	රිණා	IC a	ుడియ	್ ದ್ವಾಣ	ూ నిర	్వహిం:	<b>కబదు</b> త	ර්ටධ්)	
l. బీమా పొందు రైతు పేరు	ఇంటి పేరు	*											
	పేరు	:		********					******				*******
ి. తండ్రి పేరు	ఇంటి పేరు	·				******			*****				*******
	పేరు	1					.,,,,,,,,,						
. భర్త పేరు దహరాండిన రాజ మ	హిళ పట్టదారు అయితే)												
4.			: (DD/MM/YYYY) వయస్సు										
5. కులము		: ఎస్స్ట్రీ		ఎస్టీ	22		ಮಿನ್	•පිඪ		අජරාං	ω[_	1	మార్కు
6. ఆధార్ నెంబరు		1								•••••			
7. పట్టాదారు పాసుపుస్తకము	నెంబరు	:	******									*******	
3. మొబైల్ నెంబరు	1												
9. చిరునామా		1										*********	
								కు	న్ కో	Ē :		******	
			నామి	నీ వివ	రాలు					,			
10. నామినీ పేరు		:								1			
11. బీమా పొందిన రైతుతో సంబంధం		:									_		
12. నామినీ వయస్సు		:											
13. నామినీ ఆధార్ నెంబరు		:							L	1_			
14. నామినీ మొబైల్ నెంబరు		:									·		
15. నామినీ చిరునామా (పైన పే	ర్కొన్నది కాకుంటే)	:											Ĺ.
								పిన్ క	30				
నేను పథకం నియమాలకు కట్మ	్యబడి ఉంటాను.												
స్థలము :				(బీమా	పొంది:	ර වුණ	సంత	కము)					





# Agriculture Department Government of Telangana

Revenue Village :	Manda	ıl :	D	District :				
		tion Form						
For the Telangana State Farme (Scheme implemented by Gov	er's (Pattada ernment of	r) Rythu Band Felangana & A	lhu Group Lif Idministered	e Insurance S by LIC of Indi	cheme a)			
Name of the Insured Farmer First Name (In Capitals)     Last Name								
2. Father's Name First Name								
Last Name 3. Husband Name (if insured is female Pattadar)	: -	++++	++++			+		
Date of Birth				(DD/MM/YYY	V) Age :	+		
5. Caste		ST BC	Minarity	Others	Put 🗸	Mark		
6. Aadhar No.	: [ ]					11101111		
7. Pattadar Passbook No.	: + + +					$\neg \neg$		
8. Mobile No.		-						
9. Address	:							
	Fit					$\exists \exists$		
			Pin	Code				
	Nomin	nee Details		, <del></del> ;				
10.Name of the Nominee (In Capitals)	:							
11. Relationship	: 1							
12.Age of the Nominee	;		W72 - 34 - 3:					
13.Aadhaar No. of the Nominee	:							
14. Mobile No. of the Nominee	:				go ===400 to			
15.Address of the Nominee (if not same as above)	:							
			Pin	Code		للل		
I shall abide by the scheme rules.								
Place :		(Signature of	the Insured F	armer)				
Date :		Name of the	Insured Farm	er				

#### **ANNEXURE-II**





LIC Of India, Pension & Group Schemes Unit, Hyderabad Division, 2<sup>nd</sup> floor, Jeevan Prakash Buildings, Secretariat Road, Saifabad, Hyderabad, 500063. E-mail: bo\_g504@licindia.com

## **Rythu Bandhu Group Life Insurance Scheme**

## **CERTIFICATE OF INSURANCE**

This is to certify	/ that Shri/Sn	nt				of
		(Nam	e & Addres:	s of the Life	Assure	d)
Village		Та	luk		Dst	
Pin	=		_	e Farmers' (	Group	Insurance
bearing	•					GI <u>.</u>
	issued by Lif					
Policy Holder "						through its' Maste
The particulars	of the insure	d membe	r are ;			
Master Policy Master Policy Insured Name	Holder :	- - Departı -	ment of Ag	riculture, Te	langaı	na State Govt.
Age / Dt. of k		_				
LIC-Id		-				
Insurance Cov						
Type of Cover						
Nominee Date of Comm					Relatio	onAge
Next Renewal		- - 13. Auí	Just 2010			
Clauses applic						
Place :						
Date of Issue :			( Seal &	Signature of	the Co	mpetent Authority)
NB : Please turi	n over for Scl	heme feat	ures			

#### **ANNEXURE-III**



Pension & Group Schemes Unit , Hyderabad Division 2<sup>nd</sup> Floor, Jeevan Prakash Buildings, Secratariate Road, Saifabad, Hyderabad, Telengana . 500063 Ph. 23420752 / 23232394

E-mail: bo\_g504@licindia.com

# Claim Form For Rythu Bandhu Group Life Insurance Scheme

OGI / Master Policy NO. / LIC ID No
PART A: (To be completed by the beneficiary)
1) Name and Address of the deceased 2) Name and Address of Nodal Agency 3) Date of Entry into the Scheme 4) Name of Nominee 5) Full Address of the Nominee 6) Relationship with Member 7) Date of Death of Member 8) Cause of Death 9) Name & Address of the bank  : Department of Agriculture, Telangana State : 15.08.2018 : 15.08.2018 : 5) Summer of Nominee : 5) Full Address of the Nominee : 6) Relationship with Member : 7) Date of Death of Member : 7) Date of Death of Member : 8) Cause of Death : 9) Name & Address of the bank
10) Bank Account No. (Nominee) :
11) IFSC Code No. of the Branch :
I hereby declare that the answers to all the above questions are true and correct in every respec
<u>Signature of the Nominee / Beneficiary</u> <u>Place</u> : <u>Date</u> :
<u>Seal &amp; Signature of MPH</u> <u>Place</u> : <u>Date</u> :
Witness : (Signature)
Name : Place:
Address : Date :



Pension & Group Schemes Unit , Hyderabad Division 2<sup>nd</sup> Floor, Jeevan Prakash Buildings, Secratariate Road, Saifabad, Hyderabad, Telengana . 500063 E-mail : bo\_g504@licindia.com

## PART B

		<u>DISCH</u>	ARGE_
We_			hereb
у			
acknowledge rece	ipt from Life l	nsurance Corp	poration of India a sum of Rs.
(Rupees			) in full and final
satisfaction and d	ischarge of a	l our claims ur	nder the above master policy on the life of
Dated at	this		_day of_
			Revenue
			Kevenue
SEA			Signature of Authorised Official of the
PART C			
Please send the cl			ne credit of Savings Bank A/c No
held	by with	the	beneficiary/nominee
	(	Name and add	ress of the
	SEA		Signature of Authorised Official of the