



**Agriculture Department
Government of Telangana**

Revenue Village : _____ Mandal : _____ District : _____

Nomination Form

**For the Telangana State Farmer's (Pattadar) Rythu Bandhu Group Life Insurance Scheme
(Scheme implemented by Government of Telangana & Administered by LIC of India)**

1. 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) :

4. Date of Birth : (DD/MM/YYYY) Age :

5. Caste : SC ST BC Minority Others Put Mark

6. Aadhar No. :

7. Pattadar Passbook No. :

8. Mobile No. :

9. Address :

Pin Code

Nominee Details

10. Name of the Nominee (In Capitals) :

11. Relationship :

12. Age of the Nominee :

13. Aadhaar No. of the Nominee :

14. Mobile No. of the Nominee :

15. Address of the Nominee (if not same as above) :

Pin Code

I shall abide by the scheme rules.

Place : _____

(Signature of the Insured Farmer)

Date : _____

Name of the Insured Farmer _____

ANNEXURE-II



LIC Of India, Pension & Group Schemes Unit, Hyderabad Division,
2nd 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/Smt _____ of

(Name & Address of the Life Assured)

Village _____ Taluk _____ Dst _____

Pin _____ is covered under Telangana State Farmers' Group Insurance

bearing Master Policy Number _____ GI_

_____ issued by Life Insurance Corporation of India, P&GS Unit,

Hyderabad Division, commencing from _____ to _____ through its' Master Policy Holder " Department of Agriculture, Telangana State Govt' .

The particulars of the insured member are ;

Master Policy No :-
Master Policy Holder :- Department of Agriculture, Telangana State Govt.
Insured Name :-
Age / Dt. of birth :-
LIC-Id :-
Insurance Coverage :- Rs. 500,000/-
Type of Coverage :- Any type of death (Deaths due to any reason)
Nominee :- Name _____ Relation _____ Age _____
Date of Commencement :- 15th August 2018
Next Renewal Date :-
Clauses applicable :- Nil

Place : _____

Date of Issue : _____ (Seal & Signature of the Competent Authority)

NB : Please turn over for Scheme features



Pension & Group Schemes Unit , Hyderabad Division
2nd Floor, Jeevan Prakash Buildings, Secretariate Road,
Saifabad, Hyderabad, Telengana . 500063
E-mail : bo_g504@licindia.com

PART B

DISCHARGE

We_ _____ hereb
y

acknowledge receipt from Life Insurance Corporation of India a sum of Rs. _____

(Rupees _____) in full and final

satisfaction and discharge of all our claims under the above master policy on the life of

Dated at _____ this _____ day of_

Revenue

SEA

Signature of Authorised Official of
the

PART C

Please send the claim amount by cheque to the credit of Savings Bank A/c No. _____

With IFSC Code No. _____

held by the beneficiary/nominee
with

(Name and address of the

SEA

Signature of Authorised Official of
the