



**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 (In Capitals)	First Name :	<input type="text"/>
	Last Name :	<input type="text"/>
2. Father's Name	First Name :	<input type="text"/>
	Last Name :	<input type="text"/>
3. Husband Name (if insured is female Pattadar)	:	<input type="text"/>
4. Date of Birth	:	<input type="text"/> (DD/MM/YYYY) Age : <input type="text"/>
5. Caste	:	SC <input type="checkbox"/> ST <input type="checkbox"/> BC <input type="checkbox"/> Minority <input type="checkbox"/> Others <input type="checkbox"/> Put <input checked="" type="checkbox"/> Mark
6. Aadhar No.	:	<input type="text"/>
7. Pattadar Passbook No.	:	<input type="text"/>
8. Mobile No.	:	<input type="text"/>
9. Address	:	<input type="text"/>
		<input type="text"/>
		<input type="text"/> Pin Code <input type="text"/>

Nominee Details

10. Name of the Nominee (In Capitals)	:	<input type="text"/>
11. Relationship	:	<input type="text"/>
12. Age of the Nominee	:	<input type="text"/>
13. Aadhaar No. of the Nominee	:	<input type="text"/>
14. Mobile No. of the Nominee	:	<input type="text"/>
15. Address of the Nominee (if not same as above)	:	<input type="text"/>
		<input type="text"/>
		<input type="text"/> Pin Code <input type="text"/>

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 RECEIPT

We _____ hereby
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 member _____
_____.

Dated at _____ this _____ day of _____ 20

Revenue Stamp

SEAL

Signature of Authorised Official of the
Nodal Agency (Mandal Agriculture Officer)

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 Bank)

SEAL

Signature of Authorised Official of the
Nodal Agency (Mandal Agriculture Officer)