

**ANNEXURE-I**



**వ్యవసాయ శాఖ  
తెలంగాణ ప్రభుత్వము**

రెవెన్యూ గ్రామము : ..... మండలము : ..... జిల్లా : .....

**నామినేషన్ ఫారం**

**తెలంగాణ రాష్ట్ర రైతుల (పట్టాదారు) రైతు బంధు సామూహిక జీవిత బీమా పథకం**  
(తెలంగాణ ప్రభుత్వము ద్వారా ఆమలు చేయబడు పథకం మరియు LIC ఇండియా ద్వారా నిర్వహించబడుతుంది)

1. బీమా పొందు రైతు పేరు ఇంటి పేరు :.....  
పేరు :.....
2. తండ్రి పేరు ఇంటి పేరు :.....  
పేరు :.....
3. భర్త పేరు (బీమా పొందిన వారు చనిపోయినట్లయితే) :.....
4. పుట్టిన తేదీ :..... (DD/MM/YYYY) వయస్సు .....
5. కులము : ఎస్సీ  ఎస్టీ  బీసీ  మైనారిటీ  ఇతరులు   మార్కు
6. ఆధార్ నెంబరు :.....
7. పట్టాదారు పాసుపుస్తకము నెంబరు :.....
8. మొబైల్ నెంబరు :.....
9. చిరునామా :.....  
.....  
.....పిన్ కోడ్ : .....

**నామినీ వివరాలు**

10. నామినీ పేరు	:	<input type="text"/>
11. బీమా పొందిన రైతుతో సంబంధం	:	<input type="text"/>
12. నామినీ వయస్సు	:	<input type="text"/>
13. నామినీ ఆధార్ నెంబరు	:	<input type="text"/>
14. నామినీ మొబైల్ నెంబరు	:	<input type="text"/>
15. నామినీ చిరునామా (పైన పేర్కొన్నది కాకుంటే)	:	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

నేను పథకం నియమాలకు కట్టుబడి ఉంటాను.

స్థలము :..... (బీమా పొందిన రైతు సంతకము)  
తేదీ :..... బీమా పొందిన రైతు పేరు : .....



**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"/>
	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"/>
	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,  
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/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 :- 15<sup>th</sup> 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 .....

**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 : Department of Agriculture, Telangana State
- 3) Date of Entry into the Scheme : 15.08.2018
- 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 : \_\_\_\_\_

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 respect .

Signature of the Nominee / Beneficiary                                  Place :                          Date :

Seal & Signature of MPH                                  Place :                          Date :

Witness : (Signature)

Name : \_\_\_\_\_ Place :

Address : \_\_\_\_\_ Date :

\_\_\_\_\_



Pension & Group Schemes Unit , Hyderabad Division  
2<sup>nd</sup> 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)**