

APPLICATION FOR GROUP INSURANCE SCHEME FOR POWERLOOM WORKERS
[for Janashree Bima Yojana (JBY)]

To
 The Officer-In-Charge,
 Regional Office/Powerloom Service Centre of the
 Office of the Textile Commissioner,
 Govt. of India,

for Office use

1. Regn. No.:
 2. Date of Regn:

Signature & Seal of the Officer

Sir,
 I, _____ after having read and understood the features, terms & conditions and the benefits of the Group Insurance Scheme (JBY), would like to become a member of the Scheme.

2) The particulars, in respect of my application, are as under:

- a) Full Name:
- b) Father's/Husband's Name:
- c) Address: i) Present postal address:
 ii) Permanent address :
- d) Date of Birth:
- e) Age:
- f) Marks of identification:
- g) State of Health:
- h) Bank A/c. details, **if any**:

A/c. No.	Name & Address of the Bank	Whether joint/single

3) I hereby nominate the following person to whom the sum assured under the Scheme shall be paid in the event of my death while being covered by the above Scheme.

Name	Age	Relation-ship	Address	Signature/thumb impression of Nominee	Bank A/c details (Name of the Bank / Branch / A/c No.), if any

- 4) I hereby declare that I am an economically poor powerloom worker and the income of my family falls Below the Poverty Line (BPL)/marginally Above Poverty Line.
- 5) I also hereby deposit Rs.40/- (forty only), as my share of premium for becoming member under the Scheme.
- 6) I understand that this premium will insure me for a period of one year and I can renew, or, take policy next year & thereafter by paying Rs.40/- p.a. before due date.
- 7) I hereby declare that all the particulars given above are true and correct to the best of my knowledge.

Place: _____
 Date: _____

 Signature of Member

RECEIPT/ACKNOWLEDGEMENT
GIS FOR POWERLOOM WORKERS (JBY)

This is to acknowledge the receipt of application form along with Rs. 40/- (forty only) from Shri/Smt. _____ S/o/W/oShri/Smt _____ Resident of _____ for becoming a member under JBY, on _____ (date) and was assigned registration No. _____ dated _____.

The insurance cover for the applicant will be effective from

DD	MM	YY

Place: _____
 Date: _____

 (Signature & Seal)
 Officer-In-Charge
 RO/PSC _____

CLAIM FORM UNDER
GROUP INSURANCE SCHEME FOR POWERLOOM WORKERS (JBY)

PART A: [to be completed by the claimant (beneficiary/nominee)]

1)	Name of the beneficiary (member of the Scheme) IN BLOCK LETTERS		
2)	Address of the beneficiary (member of the Scheme) :		
3)	Name of Father/Husband :		
4)	Registration No. :		
5)	Date of Entry into the Scheme :		
6)	Name and Address of Nodal Agency :		
7)	Details of Nominee (in case of death) :	➤ Name & Address:	
		➤ Relationship:	
8)	If the claim is for death, please give the following details/documents:		
	a) Date of death :		
	b) Age at death :		
	c) Place of death :		
	d) Cause of death :		
	e) Certificates attached (Please specify where applicable) :	➤ Natural death -	Death Certificate
		➤ Accidental death -	Death certificate, FIR, Police inquest report, postmortem & police Conclusion report (Original)
9)	If the claim is for permanent/partial disability, please give the following details/documents:		
	Certificate from Medical Practitioner, Clarifying the extent & nature of disability		
10)	Details of the Bank A/c. of the claimant:		
	A/c. No.	Name & Address of Bank	

I hereby declare that all the above particulars are true and correct in every respect.

Place: _____

Date: _____

(Signature of claimant)

Witnesses (Names & Signatures):

Name	Address	Signature with Date & Place
1.		
2.		

PART B: (to be completed by the Nodal Agency)

Certified that the above information is correct in every respect. Claimant named above was a duly registered member of the Scheme / nominee of the member with Regn. No. _____ and fulfills the criterion for making the claim.

SEAL

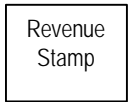
Signature of Authorized Signatory of the
Nodal Agency/Master policyholder

PART C:

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 _____ 200 .



SEAL

Signature of Authorized Official of the
Nodal Agency/Master Policyholder

PART D:

Please send the claim amount by cheque to the credit of Savings Bank A/C. No. _____
held by the beneficiary with _____

(Name and Address of the Bank)

SEAL

Signature of Authorized Official of the
Nodal Agency/Master Policyholder

APPLICATION FOR GROUP INSURANCE SCHEME FOR POWERLOOM WORKERS
[for Add-on-Group Insurance Scheme (Add-on-GIS)]

To
 The Officer-In-Charge,
 Regional Office/Powerloom Service Centre of the
 Office of the Textile Commissioner,
 Govt. of India,

for Office use 1. Regn. No.: 2. Date of Regn: Signature & Seal of the Officer

Sir,
 I, _____ after having read and understood the features, terms & conditions and the benefits of the Group Insurance Scheme (Add-on-GIS), would like to become a member of the Scheme.

2) The particulars, in respect of my application, are as under:

- a) Full Name:
- b) Father's/Husband's Name:
- c) Address: i) Present postal address:

 ii) Permanent address :
- d) Date of Birth:
- e) Age:
- f) Marks of identification:
- g) State of Health:
- h) Bank A/c. details, **if any**:

A/c.No.	Name & Address of the Bank	Whether joint/single

3) I hereby nominate the following person to whom the sum assured under the Scheme shall be paid in the event of my death while being covered by the above Scheme.

Name	Age	Relation-ship	Address	Signature/thumb impression of Nominee	Bank A/c details (Name of the Bank / Branch / A/c No.), if any

- 4) I hereby declare that I am an economically poor powerloom worker and the income of my family falls Below the Poverty Line (BPL)/marginally Above Poverty Line.
- 5) I also hereby deposit Rs.90/- (ninety only), as my share of premium for becoming member under the Scheme.
- 6) I understand that this premium will insure me for a period of one year and I can renew, or, take policy next year & thereafter by paying Rs.90/- p.a. before due date.
- 7) I hereby declare that all the particulars given above are true and correct to the best of my knowledge.

Place: _____
 Date: _____

 Signature of Member

RECEIPT/ACKNOWLEDGEMENT
 GIS FOR POWERLOOM WORKERS (Add-on-GIS)


This is to acknowledge the receipt of application form along with Rs. 90/- (ninety only) from Shri/Smt. _____ S/o/W/o Shri/Smt. _____ resident of _____ for becoming a member under Add-on-GIS, on _____ (date) and was assigned registration No. _____ dated _____

Place: _____
 Date: _____

 (Signature & Seal)
 Officer-In-Charge
 RO/PSC _____

**CLAIM FORM UNDER
GROUP INSURANCE SCHEME FOR POWERLOOM WORKERS (Add-on-GIS)**

PART A: [to be completed by the claimant (beneficiary/nominee)]

1)	Name of the beneficiary (member of the Scheme) IN BLOCK LETTERS	
2)	Address of the beneficiary (member of the Scheme) :	
3)	Name of Father/Husband :	
4)	Registration No. :	
5)	Date of Entry into the Scheme :	
6)	Name and Address of Nodal Agency :	
7)	Details of Nominee (in case of death) :	➤ Name & Address:
		➤ Relationship:
8)	If the claim is for death, please give the following details/documents:	
	a) Date of death :	
	b) Age at death :	
	c) Place of death :	
	d) Cause of death :	
e) Certificates attached (Please  where applicable) :	➤ Natural death -	Death Certificate
	➤ Accidental death -	Death certificate, FIR, Police inquest report, postmortem & police Conclusion report (Originals)
9)	Details of the Bank A/c of the claimant:	
	A/c. No.	Name & Address of Bank

I hereby declare that all the above particulars are true and correct in every respect.

Place: _____

Date: _____

(Signature of claimant)

Witnesses (Names & Signatures):

Name	Address	Signature with Date & Place
1.		
2.		

PART B: (to be completed by the Nodal Agency)

Certified that the above information is correct in every respect. Claimant named above was a duly registered member of the Scheme / nominee of the member with Regn. No. _____ and fulfils the criterion for making the claim.

SEAL

Signature of Authorized Signatory of the
Nodal Agency/Master policyholder

PART C:

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 _____ 200

Revenue
Stamp

SEAL

Signature of Authorized Official
of the Nodal Agency/Master Policyholder

PART D:

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

(Name and address of the Bank)

SEAL

Signature of Authorized Official
of the Nodal Agency/Master Policy Holder

APPLICATION-3 (SSY)
Proforma – A - I

SHIKSHA SAHAYOG YOJANA
(for the holders of Janashree Bima Yojana Scheme)

Part A: (to be completed by beneficiary)

1.	Name of the Beneficiary (Member of JBY) in BLOCK LETTERS				
2.	Address:				
3.	Name of Father/Husband:				
4.	Registration No. of the Scheme (JBY):				
5.	Name of the Nodal Agency through which the beneficiary became member.				
6.	Particulars of children(s)				
	<i>Sr. No.</i>	<i>Name of the child</i>	<i>Age</i>	<i>Class in which studying</i>	<i>Name & Address of the School.</i>
	1.				
	2.				
7.	Whether Certificates indicated in opposite col. are enclosed in respect of each student: Yes/No			1) Bonafide Certificate from the Head of the School, where studying. 2) Attested copy of the mark sheet for the previous year	

I hereby declare that all the above particulars are true and correct in every respect.

Place:

Date:

(Signature of the Member)

Part B: (to be completed by Nodal Agency)

Certified that the above information is correct in every respect. Applicant named above is a bonafide member of the JBY Scheme and his membership (Regn. No. _____) is in operation during the relevant period.

Place:

Date:

Signature & Seal of the R.O./PSC

PROFORMA FOR REGISTER OF MEMBERS

GROUP INSURANCE SCHEME (JANASHREE BIMA YOJANA)

Name and Address of the Nodal Agency _____

Sr. No.	Full Name & Address of the Member	Sex M/F	Name of Father/Husband	Date of Birth & Age at Entry	Name of Nominee, Age and relationship with Member	Date & Registration No.	Date of coverage under the Scheme *	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

* Note: This is the date of the 1st day of a calendar month, following the month during which premium is deposited with the LIC.

PROFORMA FOR REGISTER OF MEMBERS

GROUP INSURANCE SCHEME (ADD-ON-GIS)

Name and Address of the Nodal Agency _____

Sr. No.	Full Name & Address of the Member	Sex M/F	Name of Father/Husband	Date of Birth & Age at Entry	Name of Nominee, Age and relationship with Member	Date & Registration No.	Date of coverage under the Scheme *	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

* Note: This is the date of the 1st day of a calendar month, following the month during which premium is deposited with the LIC.

Proforma – A - II

REGIONAL OFFICE OF THE TEXTILE COMMISSIONER / NODAL AGENCY _____

LIST OF STUDENTS ELIGIBLE FOR SCHOLARSHIP UNDER SHIKSHA SAHAYOG YOJANA

Sr. No.	Name of the student	Institution's / School's Name	Class in which Studying	Member's Name	Master Policy No.	Membership Number	For Year & Quarter Ending	Amount to be paid
1	2	3	4	5	6	7	8	9

DATE:

SEAL

SIGNATURE OF AUTHORISED
OFFICER OF THE NODAL AGENCY

:

CERTIFICATE OF UTILIZATION

We hereby certify that the scholarships to the following students under **Shiksha Sahayog Yojana** have been disbursed during the year as per the details given below:

Sr. No.	Name of the Student	Class	Name of the Institutions / School	Amount	Date of Disbursement
1	2	3	4	5	6

DATE:

SEAL

SIGNATURE OF AUTHORIZED
OFFICER OF THE NODAL AGENCY