



E-Sat Office, Pension & Group Schemes Unit , Hyderabad Division
Ground Floor, Jeevan Prakash Buildings, Secretariate Road,
Saifabad, Hyderabad, Telengana . 500063
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Claim Form for Telangana State Rythu Bandhu Group Life Insurance Scheme
(Rythu Bima)

Master Policy No: 504504504

LIC ID No _____

PART A:

1. Name of the Master Policy Holder : Department of Agriculture, Govt. of Telangana

2. Details of the deceased insured member

(a) Name :

(b) Address :

(c) Date of Death :

(d) Date of Entry into the Scheme :

(e) Aadhar No. :

(f) Pattadar Pass Book No. :

3. (i) Name of Nominee :

(ii) Relationship of the Nominee with the Insured :

(iii) Name of the Appointee (if Nominee is minor) :

(iv) Aadhar Number of Nominee/Appointee :

(v) Address of the Nominee/Appointee :

4. Bank account No. of the Nominee/Appointee :

5. Name & Address of the Bank :

6. IFSC Code No. of the Bank Branch :

Date :

Place:

(Signature of Nominee/Appointee)

I hereby declare that the answers to all the above questions are true and correct in every respect.

Date :

Name:

Name :

Mandal:

AEO Cluster:

District:

**Seal & Signature of Mandal Agriculture Officer
Department of Agriculture,
Government of Telangana**

Signature of Agriculture Extension Officer



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PART B

DISCHARGE RECEIPT

We, Department of Agriculture, Government of Telangana, 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 Mandal Agriculture Officer

PART C

Please send the claim amount directly to the credit of Savings Bank A/c No. _____ with IFSC Code No. _____ held by the nominee/appointee with _____

(Name and address of the Bank)

Date:

Place:

Seal & Signature of Mandal Agriculture Officer