

OFFICE OF THE DISTRICT SOCIAL WELFARE OFFICER

SAMBA

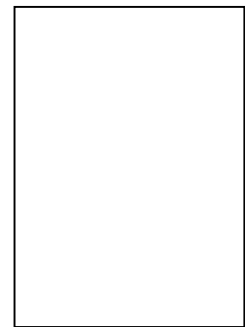
Form 1

Annexure -J

# Aasra

Application for obtaining financial assistance under the Scheme titled "Aasra"

1. Name of the applicant\_\_\_\_\_
2. Spouse name\_\_\_\_\_
3. Father's name\_\_\_\_\_
4. Mother's name\_\_\_\_\_
5. Name of the nominee(s)\_\_\_\_\_
6. Resident of\_\_\_\_\_
7. Date of Birth of applicant\_\_\_\_\_
8. Occupation\_\_\_\_\_
9. Identification mark\_\_\_\_\_
10. Annual Income\_\_\_\_\_
11. Name of the bank\_\_\_\_\_
12. Account No.(16 digit)\_\_\_\_\_
13. Contact Number\_\_\_\_\_



**Declaration:- I hereby declare that all particulars stated above are true to the best of my knowledge and belief and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application .I shall be liable to forfeiture of any benefits derived and other action as per law.**

Dated:

(Signature or thumb impression)

Of the applicant.

Form 2

**Income Certificate**

Name and address of the authority issuing the certificate

Certificate No

Date:

This is to certify that annual income of Mr/

Ms/Mrs \_\_\_\_\_ Wife/s/o/daughter of

Mr. \_\_\_\_\_ R/o \_\_\_\_\_ who has applied for financial assistance under "Aasra" Scheme Vide application dated \_\_\_\_\_ and whose photograph is affixed above does not exceed Rs.75000/- from all sources.

**Tehsildar**

**With seal and signature**

## **PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA**

INSURANCE  
COMPANY LOGO

LOGO OF  
SCHEME

BANK'S NAME  
BANK LOGO

### **CONSENT-CUM-DECLARATION FORM**

(To be filled in by members joining the scheme during the permitted Enrollment Period')

I, hereby give me consent to become a members of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of \_\_\_\_\_(Name of the Insurance company) which will be administered by your Bank under Master Policy No.....(to be pre-printed)

I hereby authorize you to debit my saving Bank Account with your Branch with Rs.330/- (Rupees Three hundred Thirty Only) plus Service Tax if applicable towards premium of life cover under PMJJBY. I further authorize you to deduct in future after 25<sup>th</sup> may and not later than on 1<sup>st</sup> of June every year until further instruction, an amount of Rs.330/- (Rupees three hundred thirty only) and service Tax if applicable, or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under the Scheme.

I have not authorized any other bank to debit premium in respect of this scheme. I am aware that my life cover shall be restricted to Rs.2, 00,000/-only in the event of my death.

I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme. I authorize the bank to convey my personal details, given below, as required, regarding my admission into-the group insurance scheme to \_\_\_\_\_ (Name of the Insurance Company).

#### **Applicant Details, as per Bank/KYC records:**

<b>Name of the Account holder(as per Bank records)</b>			
Savings Bank Account No.		Aadhar Number, if available	
E-mail Id		Mobile No.	
Name, address and relationship(if any) of nominee		Name and address of Guardian (if nominee is minor)	
Date of Birth		Address	

I hereby nominate my nominee as above under this scheme.

Nominee being minor, his/her guardian is appointed as above.

I hereby declare that the above statements, are true in all respects and that I agree and declare that the above information shall form the basis of admission to the above scheme and that if any information be found untrue, my membership to the scheme, shall be treated as cancelled.

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

Signature verified  
(Branch official) (Rubber stamp With bank branch name and code)

signature  
Address:

(ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE)

We hereby acknowledge receipt of "Consent-cum-Declaration Form from" Sh/ Smt. .... holding Saving Bank Account No..... Aadhar No.....consenting and authorizing auto-debit from the specified savings Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with----- (Name of the Insurance Company) for cover under Master policy No.....,subject to correctness of information provided regarding eligibility and receipt of consideration amount.

**Seal & Signature authorized Bank**

**Official.**

(LOGO)  
(Name of the Insurance Company)

(LOGO)  
(Name of the Bank)

(LOGO of PMSBY)  
PRADHAN MANTRI SURAKSHA BIMA YOJANA  
Consent-cum-Declaration Form

(To be filled in by members joining the scheme during the permitted "Enrolment period")

Agency / BC Code \_\_\_\_\_

Saving Bank Account No.

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Date of Entry into the Scheme: 1<sup>st</sup> June / July / August / September, 2015

1.Name in Full _____	5. Mobile / Contact Number _____
2.Address _____ _____	6. Aadhar No, if available _____
3.Date of Birth (As per KYC document) (dd/mm/yy) _____	7. Whether suffering from any disability _____ If yes, details thereof _____
4.Email ID _____	Name & Address of the Nominee, if any, and relationship with him/ her _____
9.Name & Address of Guardian , if nominee is minor _____	

I Hereby give my consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' which will be administrated by the bank as Master Policyholder.

I hereby authorize you to debit today my Saving Bank Account with your Branch with Rs.12/- (Rupees Twelve only) plus Service Tax, if applicable, and on or before 31<sup>st</sup> May every subsequent year until further instructions to the contrary (strike out whichever is not applicable) a sum of Rupees twelve or a revised amount that may be decided with immediate intimation to me.

I hereby nominate my nominee as indicated above for the benefits under the scheme, in the event of my death. In the event of my death before the nominee reaching the age of 18 years, I hereby appoint the legal guardian of the nominee as indicated above for the purpose of receiving the benefits under scheme .

I declare that I am not insured under Pradhan Mantri Suraksha Bima Yojana under any other Saving Bank Account. In case the same is found to exist, Premium shall stand forefieted and no claims would be paid.

I agree that the cover shall commence from the 1<sup>st</sup> of the month subsequent to the date of enrolment in the scheme.

I agree to pay full annual premium even if I join the scheme after the commencement of the Master Policy.

I agree that my membership in the Scheme will remain in force as long as all premiums due are paid and until I have attained age 70 years as on Annual Renewal Date.

I agree to abide by the terms and conditions of the above Scheme. I agree to your conveying my personal details, as required, regarding my admission into the Pradhan Mantri suraksha Bima Yojana to \_\_\_\_\_ (name of the Insurance Company, to be preprinted).

I hereby declare that the above statements are true in all respects and that the above information shall form the basis of admission to the above Scheme and that if any information be found untrue , my membership to the Scheme shall be treated as cancelled.

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

\_\_\_\_\_  
Signature of the Account Holder

Signature verified  
(Bank Branch Official)

ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri /Smt. \_\_\_\_\_ holding Saving Bank Account No. \_\_\_\_\_, Aadhar No. (if available) \_\_\_\_\_, consenting and authorizing auto-debit from the specified Saving bank Account to join the Pradhan Mantri Suraksha Bima yojana with \_\_\_\_\_ (Name of the Insurance company) under Master Policy No. \_\_\_\_\_ certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal and Signature of Authorized bank Official