


No.COL/DMN/EST/2017/3194
Administration of Daman & Diu
Office of the Collector
Collectorate, Daman.
Dated: 19/04/2017

C I R C U L A R

The UT Administration of Daman & Diu is going to celebrate International Labour Day on 1st May, 2017. In run up to the event it has been desired that all the workers, labourers, employees whoever working in government or private should be covered under insurance Scheme of Pradhan Mantri Suraksha Bima Yojana and Pradhan Mantri Jivan Jyoti Bima Yojana.

The Government of India has started the insurance coverage of all the citizens of India from 18 years to 70 years of age. Therefore all the Head of Department's / Head of Offices will get covered all their employees working under their department under the said scheme of Pradhan Mantri Suraksha Bima Yojana and Pradhan Mantri Jivan Jyoti Bima Yojana.

The Labour Inspector, Labour & Employment Department, Daman will distribute the forms to all concern which need to be filled-up by the employees for availing the benefits of the said Scheme.


(Sandeep Kumar Singh)
Collector / Labour Commissioner
Daman.

To,
All Head of Departments, Daman and All Head of Offices, Daman, through the Labour Inspector, Labour Department, Daman.

Copy to :

1. The PPS to the Hon'ble Administrator, Daman and Diu & DNH, Secretariat, Daman.
2. The P.A. to the Advisor to Hon'ble Administrator, Daman and Diu & DNH, Secretariat, Daman.
3. The Deputy Collector / Deputy Labour Commissioner, Collectorate, Daman.



Pradhan Mantri Jeevan Jyoti Bima Yojana

CONSENT-CUM-DECLARATION FORM

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

Agent/BC's Name*		Agency/BC Code No.*	
Bank A/c details of Agent/BC - *			
Signature of Agent/Banking Correspondent*			

I, hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of SBI Life Insurance Company Ltd which will be administered by your Bank under **Master Policy No. 76001000135**.

I hereby authorize you to debit my Savings 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 25th May and not later than on 1st of June every year until further instructions, 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 SBI Life Insurance Company Ltd.

Applicant Details, as per Bank / KYC records :

Name of the Account holder (as per Bank records)			
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)

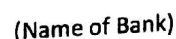
Signature

Address:

ACKNOWLEDGEMENT SLIP 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 LIC of India for cover under Master Policy No. 900100045, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal & Signature of Authorised Bank Official



Consent-cum-Declaration Form

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

Agency / BC Code _____

Savings Bank Account No.[illegible]

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/yyyy)	7. Whether suffering from any disability If yes, details thereof
4. Email ID	8. Name & Address of the Nominee, if any, and Relationship with him / her
9. Name & Address of Guardian, if nominee is minor	

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 administered by the above 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 31st 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 the scheme.

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

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 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 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 Savings 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 & Signature of Authorised Bank Official

Govt. Printing Press, Daman. 04/2017 - 50,000.