



E-Sat Office, Pension & Group Schemes Unit , Hyderabad Division  
Ground Floor, Jeevan Prakash Buildings, Secretariate Road,  
Saifabad, Hyderabad, Telengana . 500063  
Ph. 23232394  
E-mail : bo\_g504s1@licindia.com

**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



E-Sat Office, Pension & Group Schemes Unit , Hyderabad Division  
Ground Floor, Jeevan Prakash Buildings, Secretariate Road,  
Saifabad, Hyderabad, Telengana . 500063  
Ph. 23232394  
E-mail : bo\_g504s1@licindia.com

## **PART B**

### **DISCHARGE RECEIPT**

We, Department of Agriculture, Government of Telangana, hereby acknowledge receipt from Life Insurance Corporation of India a sum of Rs. 5,00,000/- (Rupees Five Lakhs Only) 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 \_\_\_\_\_.

Revenue  
Stamp

Signature of Nominee/Appointee

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