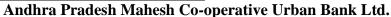
PRADHAN MANTRI SURAKSHA BIMA YOJANA

The New India Assurance Co. Ltd.









CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' of (Name of Insurer) which will be administered by your Bank 'Post Office under Master Policy No. (To be pre-printed)

I hereby authorize you to debit my Account with your Branch with Rs. 20 - (Rupees twenty only), towards premium of accidental insurance cover of Rs two lakhs under PMSBY (claim payable in case of death or permanent disability due to accident'). 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.20/- (Rupees twenty only), 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 / Post Office to debit premium in respect of this scheme. I am aware that in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs. two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.

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 /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to (Name of Insurer)

Notes:

@ Insurance cover:

Claim of Rs two lakhs payable in case of total disability or death due to accident

Claim of Rs one lakh payable in case of permanent partial disability

\$ Permanent Disability means any of the following:

- Permanent total disability-Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot
- Permanent partial disability-Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot

Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

Risk cover will start from the date of auto-debit of premium from the account of the subscriber.

Name of the account	Father's / husband's			
holder**	name**			
Address of the	Name of City / town /			
account holder	village			
Name of District	Name of State			
Pin Code	Mobile number of			
Pill Code	account holder			
Bank/Post office	IFSC Code of Bank			
Account No.**	Branch**			
Name of the KYC	KYC* Id number			
*document submitted	KTC Id number			
PAN Number, if	AADHAAR Number, if			
available**	available**			
Date of birth **	E-mail Id**			
Date of ontil	2 man to			
Whether suffering	If yes, details thereof			
from any disability				
Name and address of	Date of Birth of nominee			
nominee	Deletionship of namina			
	Relationship of nominee with the account holder			
Name and address of				
	Relationship of the guardian / appointee			
Guardian / appointee (if nominee is minor)	with the nominee			
Mobile number of	Mobile number of			
nominee				
HOHIMEE	guardian / appointee			
Email id of nominee	Email id of guardian /			
	appointee			

I hereby enclose a copy of my -----as proof of my identity (KYC*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

* Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

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

** Confirmed that the applicant's details and signature have been verified from the records available with this Bank / Post Office (or KYC document submitted* by the applicant, in case it is not available with the bank / Post Office).

Signature of the Bank / Post Office Official

Date:

(Rubber Stamp with bank /Post office branch name and code)

For Office Use

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

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ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We	hereby	acknowledge	receipt of	"Conser	nt-cum-Dec	claration For	m'' from	Shri	/ Ms.
			Holdi	ng Bank	/Post	Office	Accoun	t No	
		consenting	and authori	zing auto-	debit from	the specified	l Bank		
/Pos	t Office	account to join	the Pradhai	n Mantri S	uraksha Bi	ima Yojana v	/ith		(Name
of th	ne Insure	er) for cover u	nder Master	Policy N	0		, subject	to corr	ectness
of ir	formatio	on provided reg	garding eligi	bility and	receipt of c	onsideration a	mount.		

Signature of authorised official of Bank / Post Office

Date:

OfficeSeal