સંઘ પ્રદેશ દાદરા નગર હવેલી અને દમણ અને દીવ સહાયક મત્સ્યોધોગ અધીક્ષક કાર્યાલય, દીવ

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સં. એએસઍફડી/51(2)/PMSB-JJBY/2022-23/ 26

મુખ્ય મેનેજર, લીડ બાઁક, દીવ

તારીખ :- 19/04/2022

સાર્વજનિક સૂયના

દીવ જીલ્લા ના દરેક ફિશેરમેન તેમજ ફિશેરમેન અસોશિએશન તથા મત્સ્ય કો.ઓ.સોસાયટી ના સભ્યો ને જાણ કરવામાં આવે છે કે આ કચેરી માં તારીખ 07/04/2022 ના કમિશનર કમ સેક્રેટરી (શ્રમ), દાદરા નગર હવેલી અને દમણ-દીવ ના પત્ર સં. LE/LI/DMN/PMSB-JJBY/2022/180 સંદર્ભ માં દીવ જિલ્લા ના દરેક બોટ માલિકો તેમજ ફિશરમેન ભાઇ-બહેનો માટે ભારત સરકાર ની કેન્દ્રિય પ્રયોજિત યોજના હેઠળ "ગ્રુપ અકસ્માત વીમા યોજના" તહત દમણ અને દીવ જીલ્લા ના દરેક માછીમાર ભાઈઓ અને બહેનો નો "પ્રધાનમંત્રી સુરક્ષા વીમા યોજના (PMSBY)" અને "પ્રધાનમંત્રી જીવન જ્યોતિ વીમા યોજના (PMJJBY)" હેઠળ વીમો કરાવવો જરુરી છે તેના માટે જરુરી ફોર્મ ભરી પોતાના સક્રિય બેંક ખાતાં કોપી અને આધાર કાર્ડ કોપી સાથે મત્સ્યોધ્યોગ કચેરી, દીવ અથવા વણાકબારા માં ફોર્મ જમા કરાવવું અથવા બેંક માં જઈ પોતાના ખાતામાં થી રુ. 12/- અને રુ. 330/- નો ઉપરોક્ત વીમો કરાવી તેની રીસીપ આ કચેરીમાં જમા કરાવવા ની જાણ કરવામાં અવે છે.

(સુકર આંજણી) સહાયક મત્સ્યોધ્યોગ અધીક્ષક, દીવ ઇમેલ- <u>fish-diu-dd@nic.in</u> Tel No. 02875-252859



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.

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

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. E-mail Id Name, address and relationship (if any) of nominee	Aadhar Number, if available Mobile No. Name and address of Guardian (if nominee is minor)	
Date of Birth	Address	

Nominac hoins with	nominee	as above	under H	nic cohomo
Nominee being mines	h!- / 1		under u	ns 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 bran	ch name and code

Signature Address:

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consort our Doctoot".	
We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Sh / Smt	avina
Specified Savings Account to join the Beatle at the specified saving and authorizing auto-debit from	n the
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No . 900100045, subject to correctness of information provided regarding eligibility and receipt of consideration amount	Olicy



PRADHAN MANTRI SURAKSHA BIMA YOJANA

Consent-cum-Declaration Form

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

2. Address 6. / 3. Date of Birth (As per KYC document) (dd/mm/yyyy) 7. W	which will be administered by the above Bank as Master Policyhol
3. Date of Birth (As per KYC document) (dd/mm/yyyy) 4. Email ID 8. Name & Address of Guardian, if nominee is minor 9. Name & Address of Guardian, if nominee is minor hereby give my consent to become a member of ' Pradhan Mantri Suraksha Bima Yojana hereby authorize you to debit today my Saving Bank Account with your Branch with Rs. (1st May every subsequent year until further instructions to the contrary (strike out which asy be decided with immediate intimation to me.)	hether suffering from any disability
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ereby authorize you to debit today my Saving Bank Account with your Branch with Rs. It May every subsequent year until further instructions to the contrary (strike out which ty be decined with immediate intimation to me.	
eclare that I am not insured under Pradhan Mantri Suraksha Bima Yojana under any of all stand forefieted and no claims would be paid. Tree to pay full annual premium even if I join the Scheme after the commencement of the gree that my membership in the Scheme will remain in force as long as all premiums determined to a long as all premiums d	e Master Policy. Due are paid and until I have attained age 70 years as on Annual R Rying my personal details, as required, regarding my admission in the Insurance Company, to be preprinted).
ve Scheme and that if any information be found untrue, my membership to the Scheme	ehall be treated as cancelled.
	•
inature verified (Bank anch Official)	Signature of the Account Holder

Seal & Signature of Authorised Bank Official

Agency / BC Code _