



ಕೃಷಿ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಬೆಂಗಳೂರು ನ್ಯಾಕ್ ಎ⁺ ಮಾನ್ಯತೆ



ಡಾ. ವೆಂಕಟೇಶ್

ಹಣಕಾಸುನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು

ಹಣಕಾಸು ನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳ ಕಛೇರಿ,
ಗಾಂಧಿ ಕೃಷಿ ವಿಜ್ಞಾನ ಕೇಂದ್ರ, ಬೆಂಗಳೂರು - 560065

ಸಂಖ್ಯೆ. ಹ.ನಿ.ಅ/ವಿಭಾಗ - 2/2025-26

ದಿನಾಂಕ: 03.06.2025

ಸುತ್ತೋಲೆ - 8

- ವಿಷಯ: ಸರ್ಕಾರದ ಸಮಾಜಕ ಭದ್ರತಾ ವಿಮಾ ಯೋಜನೆಗಳಾದ "ಪ್ರಧಾನಮಂತ್ರಿ ಜೀವನ ಜ್ಯೋತಿ ಜಮಾ ಯೋಜನೆ" (PMJJBY) ಮತ್ತು "ಪ್ರಧಾನಮಂತ್ರಿ ಸುರಕ್ಷಾ ಜಮಾ ಯೋಜನೆ" (PMSBY) ಯೋಜನೆಗಳನ್ನು ಅನುಷ್ಠಾನಗೊಳಿಸುವ ಬಗ್ಗೆ
- ಉಲ್ಲೇಖ: 1. ಸಂಖ್ಯೆ: ಕೃಷಿ13 ಸ್ವೀಮರ 2025 ದಿನಾಂಕ 24.03.2025
2. ಮಾನ್ಯ ಕುಲಪತಿಗಳ ಅನುಮೋದನೆ ದಿನಾಂಕ 03.06.2025

ಸರ್ಕಾರದ ಸಮಾಜಕ ಭದ್ರತಾ ವಿಮಾ ಯೋಜನೆಗಳಾದ "ಪ್ರಧಾನಮಂತ್ರಿ ಜೀವನ ಜ್ಯೋತಿ ಜಮಾ ಯೋಜನೆ" (PMJJBY) ಯೋಜನೆಯು ಅವಧಿ ವಿಮಾ (Term Insurance) ಯೋಜನೆಯಾಗಿದ್ದು ಮತ್ತು "ಪ್ರಧಾನಮಂತ್ರಿ ಸುರಕ್ಷಾ ಜಮಾ ಯೋಜನೆ" (PMSBY) ಅಪಘಾತ ವಿಮಾ ಯೋಜನೆಯಾಗಿದ್ದು ಕೃಷಿ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಎಲ್ಲಾ ನೌಕರರು ಹಾಗೂ ಸಿಬ್ಬಂದಿ ವರ್ಗದವರು ಇದನ್ನು ಸದುಪಯೋಗಪಡಿಸಿಕೊಳ್ಳಲು ನೋಂದಣಿ ಮಾಡಿಸಲು ಸೂಚಿಸಿದೆ. ವಿವರಗಳು ಈ ಕೆಳಗಿನಂತಿವೆ

ಕ್ರಮ ಸಂಖ್ಯೆ	ಯೋಜನೆ	ಪ್ರೀಮಿಯಂ	ವಯಸ್ಸಿನ ಮಿತಿ	ಪಾಲಿಸಿ ಮೊತ್ತ	ವಿವರಗಳು
1.	"ಪ್ರಧಾನಮಂತ್ರಿ ಜೀವನ ಜ್ಯೋತಿ ಜಮಾ ಯೋಜನೆ" (PMJJBY)	ವಾರ್ಷಿಕ ರೂ. 436/-	18 ರಿಂದ 50 ವರ್ಷ	ರೂ. 2.00 ಲಕ್ಷ	ಪಾಲಿಸಿದಾರರು ಸ್ವಾಭಾವಿಕವಾಗಿ / ಅಪಘಾತವಾಗಿ ಮರಣ ಹೊಂದಿದಾಗ
2.	"ಪ್ರಧಾನಮಂತ್ರಿ ಸುರಕ್ಷಾ ಜಮಾ ಯೋಜನೆ" (PMSBY)	ವಾರ್ಷಿಕ ರೂ. 20/-	18 ರಿಂದ 70 ವರ್ಷ	ರೂ. 2.00 ಲಕ್ಷ	ಪಾಲಿಸಿದಾರರು ಅಪಘಾತವಾಗಿ ಮೃತ ಪಟ್ಟರೆ ಅಥವಾ ಶಾಶ್ವತ ಒಟ್ಟು ಅಂಗವೈಕಲ್ಯಕ್ಕೆ ರೂ. 2.00 ಲಕ್ಷ ಹಾಗೂ ಶಾಶ್ವತ ಭಾಗಶಃ ಅಂಗವೈಕಲ್ಯಕ್ಕೆ ರೂ. 1.00 ಲಕ್ಷ

- ಈ ಯೋಜನೆಗಳಿಗೆ ನೋಂದಣಿಯನ್ನು ವಾರ್ಷಿಕವಾಗಿ ನವೀಕರಿಸಬೇಕಾಗುತ್ತದೆ. ಪ್ರತಿ ವರ್ಷ ಜೂನ್ 30 ರಂದು ಅಟೋ ಡೆಜಿಟ್ ಆಗುತ್ತದೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದಿಂದ ನೌಕರರಿಗೆ ಸಾಮಾಜಿಕ ಭದ್ರತಾ ವ್ಯವಸ್ಥೆಯನ್ನು ಜಾರಿಗೆ ತರುವ ಅಥವಾ ವಿಸ್ತರಿಸುವ ಬಗ್ಗೆ ಆದೇಶವನ್ನು ಕಡ್ಡಾಯವಾಗಿರುವುದರಿಂದ ಕೃಷಿ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಎಲ್ಲಾ ಬಟವಾಡೆ ಅಧಿಕಾರಿಗಳು / ನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು ಈ ಮೇಲೆ ಸೂಚಿಸಿರುವ ಯೋಜನೆಯನ್ನು ಪಡೆದುಕೊಳ್ಳಲು ಪತ್ರದೊಂದಿಗೆ ಲಗತ್ತಿಸಿರುವ ನಮೂನೆಯನ್ನು ಪ್ರತಿಯೊಬ್ಬರ ನೌಕರರನ ಒಪ್ಪಿಗೆ ಪತ್ರವನ್ನು ಕೂಡಲೇ ಭರ್ತಿ ಮಾಡಿಸಿ ದಿನಾಂಕ 06.06.2025 ರ ಒಳಗೆ ಈ ಕಛೇರಿಗೆ ಸಲ್ಲಿಸಲು ವಿನಂತಿ.

ಪ್ರತಿ:

- ಕೃಷಿ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಎಲ್ಲಾ ಅಧಿಕಾರಿಗಳಿಗೆ
- ಕೃಷಿ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಎಲ್ಲಾ ಬಟವಾಡೆ ಅಧಿಕಾರಿಗಳಿಗೆ
- ಕೃಷಿವಿಯ ಎಲ್ಲಾ ಉಪಹಣಕಾಸುನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು/ ಸಹಾಯಕ ಹಣಕಾಸು ನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು
- ಕಛೇರಿ ಕಡತ

ಹಣಕಾಸುನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು
University of Agricultural Sciences
GKVK, Bengaluru - 560 065

PRADHAN MANTRI SURAKSHA BIMA YOJANA



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

ANNEXURE I TO CIR IC/144/2023 DTD 03.03.2023

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA

Canara  HSBC
LIFE INSURANCE



CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti 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. (applicable premium#) towards premium of life insurance cover of Rs. Two lakhs 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.436/- (Rupees four hundred thirty-six 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 am aware that the risk will not be covered during the first 30 days from the date of enrollment / re-joining into the scheme (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

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)

If the enrolment takes place on any day during the months of:-

- June, July & August - Annual premium of Rs. 436/- is payable
- September, October & November - 3 quarters of premium @ Rs. 114.00 i.e. Rs. 342/- is payable
- December, January & February - 2 quarters of premium @ Rs. 114.00 i.e. Rs. 228/- is payable
- March, April & May - 1 Quarterly premium @ Rs. 114.00 is payable.

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

Name of the account holder**		Father's / husband's name**	
Address of the account holder		Name of City / town / village	
Name of District		Name of State	
Pin Code		Mobile number of account holder	
Bank/Post office Account No. **		IFSC Code of Bank Branch**	
Name of the KYC *document submitted		KYC* Id number	
PAN Number, if available**		AADHAAR Number, if available**	
Date of birth **		E-mail Id**	
Name and address of nominee		Date of Birth of nominee	
		Relationship of nominee with the account holder	
Name and address of Guardian / appointee (if nominee is minor)		Relationship of the guardian / appointee with the nominee	
Mobile number of nominee		Mobile number of 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: