



**Agriculture Department
Government of Telangana**

Revenue Village : _____ Mandal : _____ District : _____

Nomination Form

**For the Telangana State Farmer's (Pattadar) Rythu Bandhu Group Life Insurance Scheme
(Scheme implemented by Government of Telangana & Administered by LIC of India)**

1. Name of the Insured Farmer (In Capitals)	First Name :	<input type="text"/>
	Last Name :	<input type="text"/>
2. Father's Name	First Name :	<input type="text"/>
	Last Name :	<input type="text"/>
3. Husband Name (if insured is female Pattadar)	:	<input type="text"/>
4. Date of Birth	:	<input type="text"/> (DD/MM/YYYY) Age : <input type="text"/>
5. Caste	:	SC <input type="checkbox"/> ST <input type="checkbox"/> BC <input type="checkbox"/> Minority <input type="checkbox"/> Others <input type="checkbox"/> Put <input checked="" type="checkbox"/> Mark
6. Aadhar No.	:	<input type="text"/>
7. Pattadar Passbook No.	:	<input type="text"/>
8. Mobile No.	:	<input type="text"/>
9. Address	:	<input type="text"/>
		<input type="text"/>
		<input type="text"/> Pin Code <input type="text"/>

Nominee Details

10. Name of the Nominee (In Capitals)	:	<input type="text"/>
11. Relationship	:	<input type="text"/>
12. Age of the Nominee	:	<input type="text"/>
13. Aadhaar No. of the Nominee	:	<input type="text"/>
14. Mobile No. of the Nominee	:	<input type="text"/>
15. Address of the Nominee (if not same as above)	:	<input type="text"/>
		<input type="text"/>
		<input type="text"/> Pin Code <input type="text"/>

I shall abide by the scheme rules.

Place : _____

(Signature of the Insured Farmer)

Date : _____

Name of the Insured Farmer _____