

File No J-17060/06/2014-Aajeevika Skills
Government of India
Ministry of Rural Development
Department of Rural Development
(Rural Skills Division)

New Delhi, dated 1st January, 2016

Notification No. 1/2016

Subject: Provision of Insurance coverage for candidates of DDU- GKY /Roshni Projects under Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY).

In order to deal with accidents or fatality during training of candidates under DDU-GKY/Roshni, it is hereby stated that all trainees shall be covered under the Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY). The PIAs shall ensure insurance coverage to all trainees of DDU- GKY/Roshni. This is also applicable to all candidates who are undergoing training.

2. The process that needs to be followed for the provision of Insurance coverage under PMSBY and PMJJBY is enclosed at **Annexure-I**. This notification shall be integral part of Section 8.4.5 of SOP Part-II. A brief overview of the PMSBY and PMJJBY programme are at **Annexure- II**.

3. The expenditures towards premiums for coverage of PMSBY and PMJJBY shall be booked from the one time travel cost sanctioned under DDU-GKY/Roshni projects. In case, one time travel cost is already exhausted, the same may be adjusted from other heads.

4. This issues with the approval of the competent authority and comes into effect from the date of issue of this notification.



(S B Tiwari)

Under Secretary to Government of India
Tel: 011-23743625

To:

1. All Secretaries (in-charge) of Rural Development in State governments
2. All State Nodal Agencies for Skill/SRLM
3. All Registered Project Implementing Agencies (PIA)
4. Vice President, NABCONS
5. Executive Director, NIRD for updating SOP
6. All officials in DDU-GKY Division, MoRD
7. Guard File
8. Shri Rabindra Kesari – for uploading the notification on the websit

Annexure-I**Process for Insurance coverage under PMSBY and PMJJBY****Overview**

Item	Description
Purpose	To ensure every candidate gets insurance coverage under PMSBY and PMJJBY
Reference to Guidelines	Not Applicable
Prerequisite/s	Starting of a training batch
Time for completion	As per the activity table below
Resources	Section 8.10.1 First month financial audit certificate - Joint appraisal for compliance to SOP, Section 8.10.2 Monthly verification, Section 8.10.3 Annual Financial Audit, SI 8.4A: Common instructions on payment of entitlements, SI 8.4D: Instructions on one time travel support
Process owner	PIA OP Team

Activities

Step No.	Activities	Actor	Time for completion	Relevant documents
1.	Identification of candidates not covered under PMSBY and PMJJBY Collect the undertaking from the candidates whether they are willing to be enrolled under PMSBY and PMJJBY	PIA OP Team	Prior to freezing of a batch	
2.	Facilitate the sessions by bankers to brief about the policy to the candidates. Also request the banks to provide prompt services to DDU- GKY candidates Facilitate to fill up application form for insurance and transfer the premium amount to	PIA OP Team	5 days of batch freezing 5 days of batch freezing	As per the documents required

Step No.	Activities	Actor	Time for completion	Relevant documents
	candidates' bank account from project account. Inform the candidates about the premium amount and suggest not to withdraw the money transferred for insurance* Give the filled up application form to banks Distribute acknowledgement slip-cum- certificate of insurance to the candidates and the candidates should be fully educated to send the same to the nominee. Individual acknowledgement slip-cum- certificate of insurance to be kept in a candidate's dossier and summary to be kept in the training centre and in nominated website. Account for the expenditure under one time travel cost head		Within 8 days of batch freezing Within 7 days of incurring of expenditure	
3.	Verify the status of insurance coverage Conduct financial verification as processes prescribed in chapter 8	PIA Q - team PIA finance team	During training centre inspections	Candidate dossier Section 8.10.1, Section 8.10.2, Section 8.10.3

Step No.	Activities	Actor	Time for completion	Relevant documents
4.	Verify the status of insurance coverage Conduct financial verification as processes prescribed in chapter 8	SRLM for Action Plan state and CTSA for Year Plan state	During training centre inspections	Candidate dossier Section 8.10.1, Section 8.10.2, Section 8.10.3

*If a PIA transfers the money to a candidate's bank account but the candidate withdraws money then it will be deemed that PIA has done its work properly.

* The candidates shall be educated that the insurance provided by the PIA is only for a year that ends on 31st May. If candidates want to extend the coverage for subsequent year, they can do so on payment of full annual premium by their own.

Note:

1) PIA should make all efforts to get all the candidates enrol for such insurance. However, as such enrolment is voluntary, it is not mandatory for the programme. The candidates should preferably be enrolled in to both PMJJBY and PMSBY schemes. However the enrolment under PMJJBY preferred over PMSBY.

2) At any point of time if registration under these schemes is withdrawn, then the facilities need not be provided to the candidates.

3) For details PIA can visit under "Rules" tab on www.jansuraksha.gov.in/ www.financialservices.gov.in or call 1800 110 001/1800 180 1111.

4) Enrolment for insurance coverage is acceptable throughout the year. In case where PIAs are facing problems in doing so shall inform CTSA/ SRLM concerned. If the issues are not resolved at CTSA/ SRLM level it should be informed to MoRD.

Annexure-II

Pradhan Mantri Suraksha Bima Yojana (PMSBY):

The scheme is been offered/ administered through Public Sector General Insurance Companies (PSGICs) and other General Insurance companies willing to offer the product on similar terms with necessary approvals and tie up with Banks for this purpose.

- 1. Target group:** All savings bank account holders in the age 18 to 70 years in participating banks will be entitled to join.
- 2. Premium:** Rs.12/- per annum per candidates.
- 3. Enrolment period:** Initially on launch for the cover period 1st June 2015 to 31st May 2016, subscribers will be required to enroll and give their auto-debit consent by 31st May 2015. Late enrolment for prospective cover will be possible up to 30th September 2015, which may be extended by Govt. of India. Those joining subsequently may be able to do so with payment of full annual premium for prospective cover, with submission of a self-certificate of good health in the prescribed proforma.

For those batches which commence in the month of May, providing insurance for shorter period may not serve the purpose. Hence in such situations it is permitted that PIAs can enrol candidates under PMBSY scheme for the next insurance cycle starting from 1st June

- 4. Period of insurance:** The cover shall be for the one year period starting from 1st June of a year to 31st May of the following year. The scheme is renewable from year to year.
- 5. Benefits:** As per the following table:

	Table of Benefits	Sum Insured
a.	Death	Rs. 2 Lakh
b.	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 hand or foot	Rs. 2 Lakh
c.	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Rs. 1 Lakh

- 6.** The detailed programme guidelines may be find under "Rules" tab on www.jansuraksha.gov.in
- 7. Application Form:** The Application form in different languages is available on www.jansuraksha.gov.in under "Forms" tab. The Application form in English and Hindi is given below:

**प्रधानमंत्री
सुरक्षा बीमा योजना**

(स्वीकृत "नामांकन अवधि" के दौरान योजना में शामिल होने वाले सदस्यों द्वारा भरा जाए)

एजेंसी / बीसीकोड _____

ब्रह्म वेद शास्त्र सं.

योजना में शामिल होने की तिथि: 1 जून/जुलाई/अगस्त/सितंबर, 2015

• पूरा नाम	5. मोबाईल/संपर्क सं. _____
• पता _____ _____ _____	6. आधार सं., यदि उपलब्ध हो _____
3. जन्मतिथि(के वाई सी दस्तावेज के अनुसार) (दिन/माह/वर्ष)	7. क्या किसी अशक्तता से प्रभावित हैं _____ यदि हों तो उसका विवरण _____
4. ईमेल आईडी _____	8. नामिति का नाम व पता, यदि कोई है, तथा उसके साथ संबंध _____
9. अभिभावक का नाम व पता, यदि नामिति नाबालिग है _____	

खाताधारक के हस्ताक्षर

हस्ताक्षर सत्यापित
(बैंक शाखा प्राधिकारी)

पावती सह बीमा प्रमाणपत्र

हम एतद्वारा श्री/श्रीमती दघत खाता संख्या आधार संख्या (यदि उपलब्ध हो) जित्नेने मास्टर पॉलिसी
संख्या के अंतर्गत (बीमा कंपनी का नाम) में 'प्रधानमंत्री सुरक्षा बीमा योजना
में शामिल होने के लिए निर्दिष्ट वयत बैंक खाते से स्वतः निकासी के लिए सहमति दे दी है और प्रधिकृत कर दिया है। से 'सहमति-सह-घोषणा पत्र' की प्राप्ति स्वीकार करते हैं और
पावता और विचार राशि की प्राप्ति के बारे में जानकारी की शुद्धता के अंशान योजना के अनुसार कलेज प्रमाणित करते हैं।

प्राधिकृत बैंक अधिकारी के हस्ताक्षर व मोहर

कृपया ये फॉर्म भरें एवं अपनी नज़दीकी बैंक शाखा में या बैंक मित्र के पास जमा करवाएं

Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY):

The scheme is been offered/ administered through LIC and other Life Insurance companies willing to offer the product on similar terms with necessary approvals and tie up with Banks for this purpose.

1. **Target group:** All savings bank account holders in the age 18 to 50 years in participating banks will be entitled to join.
2. **Premium:** Rs. 330/- per annum per candidates.
3. **Enrolment period:** Initially on launch for the cover period 1st June 2015 to 31st May 2016, subscribers will be required to enroll and give their auto-debit consent by 31st May 2015. Late enrolment for prospective cover will be possible up to 30th September 2015, which may be extended by Govt. of India. Those joining subsequently may be able to do so with payment of full annual premium for prospective cover, with submission of a self-certificate of good health in the prescribed proforma.

For those batches which commence in the month of May, providing insurance for shorter period may not serve the purpose. Hence in such situations it is permitted that PIAs can enrol candidates under PMJJBY scheme for the next insurance cycle starting from 1st June

4. **Period of insurance:** The cover shall be for the one year period starting from 1st June of a year to 31st May of the following year. The scheme is renewable from year to year.
5. **Benefits:** Rs. 2 lakhs is payable on member's death due to any reason.
6. The detailed programme guidelines may be find under "Rules" tab on www.jansuraksha.gov.in
7. **Application Form:** The Application form in different languages is available on www.jansuraksha.gov.in under "Forms" tab. The Application form in English and Hindi is given below:

ये है आपके भविष्य की सुरक्षा के लिए जरूरी



**PRADHAN MANTRI JEEVAN JYOTI
BIMA YOJANA (PMJJBY) -
SUBSCRIBER REGISTRATION FORM**



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 LIC of India which will be administered by your Bank under Master Policy No. (to be pre-printed)

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 the Scheme.

I authorize the Bank to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to LIC of India.

Applicant Details, as per Bank / KYC records :

Name of the Account holder (as per Bank records)			
Savings Bank Account No.		Aadhar Number, if available	
E-mail Id		Mobile No.	
Name, address and relationship (if any) of nominee		Name and address of Guardian (if nominee is minor)	
Date of Birth		Address	

I hereby nominate my nominee as above under this 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
Address:

Signature verified
(Branch Official) (Rubber Stamp with bank branch name and code)

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Sh / Smt. holding Saving Bank Account No. Aadhar No. consenting and authorizing auto-debit from the specified Savings Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with LIC of India for cover under Master Policy No., subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal & Signature of Authorised Bank Official

कृपया ये फॉर्म भरें एवं अपनी नज़दीकी बैंक शाखा में या बैंक मित्र के पास जमा करवाएं

ये है आपके भविष्य की सुरक्षा के लिए ज़रूरी



प्रधानमंत्री जीवन ज्योति योजना (पीएमजेजीवाई) अभिदाता पंजीकरण फ़ॉर्म



बीमा कंपनी का लोगो

योजना का लोगो

बैंक का नाम

बैंक का लोगो

सहमति-सह-घोषणा फ़ॉर्म
(स्वीकृत 'नामांकन अवधि' के दौरान योजना में शामिल होने वाले सदस्यों द्वारा भरा जाए)
कार्यालय प्रयोग के लिए

एजेंट/बीसी का नाम		एजेंसी/बीसी कोड सं.	
एजेंट/बीसी के बैंक खाते का विवरण -			
एजेंट/बैंकिंग संवाददाता के हस्ताक्षर			

मैं एतद्वारा (बीमा कंपनी का नाम) की 'प्रधानमंत्री जीवन ज्योति बीमा योजना' का सदस्य बनने के लिए अपनी सहमति प्रदान करता/करती हूँ जो मास्टर पालिसी सं. (प्रिंट करना है) के तहत आपके बैंक द्वारा प्रशासित की जाएगी।

मैं एतद्वारा पीएमजेजीवाई के तहत आपकी शाखा में चल रहे बचत बैंक खाते से रु. 330/- (केवल तीन सौ तीस रूपए) और जीवन कवर के प्रीमियम के लिए सेवा कर, यदि लागू हो, तो नाम करने के लिए आपको प्राधिकृत करता/करती हूँ। इसके अतिरिक्त, मैं भविष्य में अगले दिशानिर्देशों तक प्रत्येक वर्ष 25 मई के बाद और 1 जून से पहले रु. 330/- की राशि और सेवा कर, यदि लागू हो तो, या योजना के तहत बीमा नवीनीकरण के लिए समय-समय पर निर्णित राशि, जिसे यदि संशोधित किया जाता है तो मुझे तुरंत सूचित करते हुए, कटौती करने के लिए आपको प्राधिकृत करता/करती हूँ।

मैंने किसी भी अन्य बैंक को इस योजना के लिए प्रीमियम नाम करने के लिए प्राधिकृत नहीं किया है। मैं जानता/जानती हूँ कि मेरी मृत्यु होने पर जीवन कवर रु. 2,00,000/- तक सीमित होगा।

मैंने योजना के नियमों को पढ़ा है, समझा है और इस योजना के सदस्य बनने के लिए मैं अपनी सहमति व्यक्त करता/करती हूँ।

मैं समूह बीमा में अपने प्रवेश संबंधित, यथा आवश्यक अपने निम्नांकित व्यक्तिगत विवरण, (बीमा कंपनी का नाम) को देने के लिए बैंक को प्राधिकृत करता/करती हूँ।

बैंक/केवाईसी दस्तावेज के अनुसार आवेदक का विवरण:

खाताधारक का नाम (बैंक के रिकार्ड के अनुसार)		
बचत बैंक खाता सं.		आधार सं. यदि उपलब्ध है तो
ई-मेल आईडी		मोबाईल सं.
नामिति का नाम, पता एवं संबंध (यदि है तो)		अभिभावक का नाम एवं पता (यदि नामिति नाबालिग है)
जन्म तिथि		पता

मैं एतद्वारा इस योजना के तहत उपरोक्त नामिति को नामित करता/करती हूँ।

चूंकि नामिति अव्यस्क है इसलिए, उसका/उसकी अभिभावक को यथोपयुक्त नियुक्त करता/करती हूँ।

मैं एतद्वारा घोषणा करता/करती हूँ कि उपरोक्त सभी विवरण पूर्ण रूप से सत्य हैं और मैं सहमत हूँ एवं घोषणा करता/करती हूँ कि यह जानकारी योजना में शामिल होने के लिए आधार होगी और यदि कोई सूचना गलत जाती है तो इस योजना में मेरी सदस्यता को रद्द माना जाएगा।

दिनांक: ____

हस्ताक्षर:

पता:

हस्ताक्षर सत्यापित

(शाखा कार्यालय) (बैंक शाखा का नाम और कोड सहित मोहर)

पावती सह बीमा प्रमाण-पत्र

हम एतद्वारा श्री/श्रीमती, बचत बैंक खाता सं., आधार सं. है, जिन्होंने मास्टर पालिसी सं. के अंतर्गत (बीमा कंपनी का नाम) में प्रधानमंत्री जीवन ज्योति बीमा योजना में शामिल होने के लिए निदिष्ट बचत बैंक खाता से स्वतः नामे (ऑटो डेबिट) के लिए सहमति दे दी है तथा प्राधिकृत कर दिया है, से "सहमति सह घोषणा फ़ॉर्म" की प्राप्ति स्वीकार करते हैं और पात्रता और विचार राशि की प्राप्ति के बारे में जानकारी की शुद्धता के अधीन योजना के अनुसार कवरेज प्रमाणित करते हैं।

कृपया ये फ़ॉर्म भरें एवं अपनी नज़दीकी बैंक शाखा में या बैंक मित्र के पास जमा करवाएं