

CMS/G&R/PMFBY/Kharif 2016/Bank/002

Dated: 12th August 2016

To,

1. All the Nationalized, RRB and Cooperative Bank Branches,
2. Controlling Regional/Zonal/Local/Nodal Offices of these Bank branches located in Arwal ,Katihar,Madhubani,Saharsa,Siwan & Vaishali Districts (*Refer Notification No. 05/Sh.F.B-11/2016-2885 Dated 10th Aug 2016 of Bihar State, India.*

Subject: Implementation of Yield Based Pradhan Mantri Fasal Bima Yojana (PMFBY) in the State Of Bihar.

1. Reference: Government Of Bihar, Department Of Cooperative Notification No. *05/Sh.F.B-11/2016-2885 Dated 10th Aug 2016* for implementation of Yield Based Pradhan Mantri Fasal Bima Yojana for notified crops (Paddy & Maize) in the one cluster of Bihar comprising the districts of Arwal ,Katihar,Madhubani,Saharsa,Siwan & Vaishali

Dear Madam/Sir,

We are pleased to inform you that Government Of Bihar, Department Of Cooperative vide their Notification No. *05/Sh.F.B-11/2016-2885 Dated 10th Aug 2016* has authorized **Cholamandalam MS General Insurance Company Limited** to implement Pradhan Mantri Fasal Bima Yojana (PMFBY) during Kharif 2016 season for notified crops (Paddy & Maize) in the one cluster of Bihar comprising the districts of Arwal ,Katihar,Madhubani,Saharsa,Siwan & Vaishali.

Copy of the notification is enclosed along with this letter for your reference. We would request all concerned to refer to and follow the instructions contained in the notification.

All controlling/Local Head Offices are requested to kindly instruct the agriculture advance disbursing branches under their jurisdiction for necessary actions at their end accordingly.

The important feature of the notification, provisions of the scheme and guidelines are furnished below.

1) **Notified Insurance Scheme:** Yield Based Pradhan Mantri Fasal Bima Yojana, compulsory for Loanee Farmers and optional for Non Loanee Farmers.

2) **Notified Area:** One Cluster: Cluster - 1 comprising of six districts as per attached notification and list of Clusters & Districts.



2) **Notified Area:** One Cluster: Cluster - 1 comprising of six districts as per attached notification and list of Clusters & Districts.

3) **Farmers to be covered:** - All Farmers including share croppers, tenant farmers growing notified crops in all the Blocks / GPs of notified Districts are eligible for coverage. The scheme covers following groups of farmers.

On a compulsory basis: All Farmers growing notified crops and availing Seasonal Agricultural Operation (SAO) loans from financial institutions i.e. **Loanee farmers are to be compulsorily covered under the notified Scheme.**

On a Voluntary Basis: All other Farmers (including share croppers/Tenant Croppers) growing notified crops in notified areas i.e. **Non-Loanee** farmers can opt for Yield Based PMFBY and submit the duly filled- in proposal forms with requisite land records (LPC) at the local bank branch/Insurance Intermediary/Insurance company representatives.(Share Croppers/Tenant croppers have to produce required Noc from the land owners)

Note:- Non Loanee farmers shall not be covered by PACs.

4) **Claim Settlement:** Claim settlement is as per the Operational Guidelines of Pradhan Mantri Fasal Bima Yojana issued by Department Of Agriculture, Cooperation & Farmers Welfare, Ministry of Agriculture & Farmers welfare, Government of India.

5) **Premium Rates :**

Sr.No	District	Crop	Sum Insured per Hectare	Farmer's premium in (Rs per ha)	Farmer's premium in (%)
1	Arwal	Paddy	45430	908.60	2%
2	Katihar	Paddy	44000	880.00	2%
		Maize	55000	1100.00	2%
3	Madhubani	Paddy	37752	755.04	2%
4	Saharsha	Paddy	43375	867.50	2%
		Maize	70625	1059.38	1.5%
5	Siwan	Paddy	42350	847.00	2%
		Maize	35200	704.00	2%
6	Vaishali	Paddy	68250	1365.00	2%
		Maize	65750	1315.00	2%



7) Seasonality Discipline:

Activity	Kharif 2016
-Loaning Period (Loan Sanctioned) for Paddy for Farmers covered on compulsory basis	As per Guidelines mentioned in the enclosed Cooperative dept notification no-2885
Loaning Period (Loan Sanctioned) for Maize for Loanee Farmers covered on compulsory basis	As per Guidelines mentioned in the enclosed Cooperative dept notification no-2885
Cut – off date of doing Insurance	For maize crop- 10 th Aug 2016 For Paddy Crop- 31 st Aug 2016
Cut -off date for receipt of Declarations and Uploading of farmer list in GOI portal of Loanee farmers covered on compulsory basis from banks	15 Sept 2016

Banks are requested to submit dully filled- in declaration forms of Loanee and Non-Loanee farmers along with the required additional details before or latest by the end of the cutoff dates mentioned above on monthly basis.

7) Documents to be submitted:

1. Notified Unit Area wise/Crop Wise Duly filled in Bank declaration forms are to be submitted in the enclosed format(separately for Loanee & Non Loanee farmers).

Note- All the Insured farmer’s details are to be compulsorily uploaded on the Govt of India Web portal.

2. For Non loanee Farmer- LPC, copy of ID proof, Bank Account copy of the farmer.

3. Farmer share of premium – Remittance through DD/Cheque to be issued in favor of

“ **Cholamandalam MS General Insurance Co.Ltd**” payable at –Patna.

NEFT / RTGS details:

Bank Name: HDFC Bank Ltd,
 Address: ITC Center, Anna Salai Chennai
 IFSC Code: HDFC0000004
 A/c No: 00040350005898
 Swift Code: HDFCINBBCHE Account type: Current
 MICR Code: 600240002 .

3. Farmer list (Both hard & soft copies) as per the format provided in the notification.

For necessary support and clarification you may contact our local District Coordinators or the following official based at district

Name	Contact No.	Districts	Email Id
Santanu Thakur	7631997668	All	santnauTcholams.murugappa.com
Arbind Kumar	7631999186	Vaishali	
Ajeet Kumar	7739515047	Katihar	
Banbihari	9934109675	Arwal	
Ganesh Gunjan	9973977727	Siwan	
Dhirendra Azaad	9934360221	Saharsa	
Praveen Chaudhary	7549999646	Madhubani	

Thanking you.

Yours Faithfully,

For Cholamandalam MS General Insurance Company Ltd



Name: K.S.Sankaranarayanan

Designation: Head & GM - Government & Rural Business



Farmer list Format

Sr.No	Name of the Farmer	Father Name	Bank account Number	Bank Name	Branch Name	Session	Crop	Area	Sum Insured	Premium Rmitted	Premium collected	Village	Gram Panchyat Name	Block	District	State	Gender M/F	Farmer Tye /S/M/Othe	Cast ST/SC/Gen.	Type of farmer (Loane/Non-Loanee)	Declaratio n No	Mob No
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FARMER REGISTRATION FORM FOR NON LOANEE

(Fields marked with * are mandatory)

PERSONAL DETAILS			
Title: *	Mr./Mrs./Ms.	Identity Type*	
First Name: *		Identity No*:	
Middle Name:		Gender: *	
Last Name: *		Farmer Classification	Rural/Urban/Not Specified
Father/Husband Name *		Occupation/Trade	
Date of Birth (dd/mm/yyyy)		Farmer Category *	Small/Marginal/Others
Farmer Religion	Hindu/Muslim/Sikh/Christian/Others	Farmer Community *	Gen/OBC/SC/ST/Not Specified

CONTACT DETAILS			
Address Line 1 *		Phone No (Work)	
Address Line 2		Phone No (Mobile) *	
Post Office		(If not available, put "0000000000")	
City/Village *		Fax No.	
Block/Mandal/Taluka/Tehsil		E-mail 1	
District *		E-mail 2	
State *			
Pin Code *			

LAND HOLDING DETAILS			
1st Survey no*		2nd Survey no*	
extent of Land (Ha.) *		extent of Land (Ha.) *	
City/Village *		City/Village *	
Block/Mandal/Taluka/Tehsil		Block/Mandal/Taluka/Tehsil	
District *		District *	
State *		State *	
Pin Code *		Pin Code *	

BANK DETAILS (If bank details are not provided, then credit of claims in account is not possible)			
Account holder's Name *		Bank Name *	
Branch Name *		IFS Code *	
Branch Address *		(If not available, put "0000000000")	
Account Type *		Account Number *	
Bank Phone No *			

NOMINEE DETAILS (for insurance policy)			
Title:	Mr./Mrs./Ms.	Nominee Middle Name	
Nominee First Name		Nominee Last Name	
Relation to Party			

FREE SMS SUBSCRIPTION			
Do you want to subscribe by SMS alerts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Subscribe to new business
Subscribe to claim intimation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Subscribe to other value added services

I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF

Place:

Date:

Witness:

(in case of Thumb impression)

Agent Name & ID

Signature/Thumb Impression of Farmer

INSTRUCTIONS:

FOLLOWING Documents are to be attached ;

Identity & Address proof

copy of Land Record (LPC)

Copy of Cheqe book/ Bank Pass- book



CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD.

Regd. & Head Office : "Dare House", 2nd Floor, No. 2, NSC Bose Road, Chennai - 600 001
 Tel : 91-44-3044 5400 Fax : 91-44-3044 5550 Toll Free : 1800 200 55 44 W: cholainsurance.com
 Email : customercare@cholams.murugappa.com
 Service Tax Registration No: AABCC6633KST001
 IRDA Regn. No. 123 CIN No. U66030TN2001PLC047977



**PRADHAN MANTRI FASAL BIMA YOJNA (PMFBY)
 DECLARATION FORM - LOANEE FARMERS**

To: From (Nodal Bank).....
 Cholamandalam Ms General Insurance Company Ltd Address
 Ph. No.
 A/c No.
 IFS Code
 Fax No.
 E-mail

It is certified i) that no crop loans eligible for coverage are left out by us/ the bank branches / PACS under our jurisdiction (strike off option not applicable), ii) that all Kisan Credit Card loans sanctioned/renewed and eligible for coverage are also included, and iii) that all guideline with regard to crop loans, issued by RBI/NABARD from time to time have been followed.

Dated At.....this.....day ofyear.....

Name of Signatory: Signature and seal of Authorised Signatory of Nodal Bank
 Designation:

SCHEDULE

Declaration No. (To be allotted by Bank)

Gender (✓ one): Male/Female/Other

Category (✓ one): SC/ST/Other/Gen

State: Season: Year: Crop:
 District: Taluka/Tehsil/Block Gram Panchayat (any other name):
 Notified Area

Farmer's Premium Rate:

Category of farmer	No. of Farmers	Area Insured (Ha)	Scale of Finance (Rs/Ha)	Sum Insured (Rs) = Area x Scale of Finance	Farmers' Premium (Rs)
(1)	(2)	(3)	(4)	(5)=(3)x(4)	(6)
Small & Marginal					
Other					
Total					

DD/RTGS/NEFT NO DD/RTGS/NEFT DATE DD/RTGS/NEFT AMOUNT

TO BE COMPLETED BY Chola MS REGIONAL OFFICE

CERTIFICATE NO																				
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DATE RECEIVED

RECEIPT NO																				
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NOTE: GUIDELINES FOR FILLING UP THE DECLARATIONS OVERLEAF

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD.

Regd. & Head Office : "Dare House", 2nd Floor, No. 2, NSC Bose Road, Chennai - 600 001.
 Tel : 91-44-3044 5400 Fax : 91-44-3044 5550 Toll Free : 1800 200 55 44 W: cholainsurance.com
 Email : customercare@cholams.murugappa.com
 Service Tax Registration No: AABCC633KST001
 IRDA Regn. No. 123 CIN No. U66030TN2001PLC047977



**PRADHAN MANTRI FASAL BIMA YOJNA (PMFBY)
 DECLARATION FORM - NON-LOANEE FARMERS**

To: Cholamandalam Ms General Insurance Company Ltd

 From (Nodal Bank).....
 Address
 Ph. No.
 A/c No.
 IFS Code
 Fax No.
 E-mail

1. Under the provision of the Pradhan Mantri Fasal Bima Yojna (PMFBY), we hereby declare the aggregate amount of Sum Insured, for the proposals received in the month of (by us/ branches/ PACS' under the jurisdiction of our Office) as per the schedule below.

2. It is certified i) that all proposals submitted to the bank branches/PACS under our jurisdiction are covered, ii) that all guidelines with regard to PMFBY issued by the GOI/State Govt./ UT/RBI/NABARD/Chola MS from time to time have been followed.

Dated At.....this.....day ofyear.....

Name of Signatory: Signature and seal of Authorised Signatory of Nodal Bank
 Designation:

SCHEDULE

Declaration No. (To be allotted by Bank)

Gender (✓ one): Male/Female/Other

Category (✓ one): SC/ST/Other/Gen

State: Season: Year: Crop:
 District: Taluka/Tehsil/Block Gram Panchayat (any other name):
 Notified Area
 Farmer's Premium Rate:

Category of farmer	No. of Farmers	Area Insured (Ha)	Scale of Finance (Rs/Ha)	Sum Insured (Rs) = Area x Scale of Finance	Farmers' Premium (Rs)
(1)	(2)	(3)	(4)	(5)=(3)x(4)	(6)
Small & Marginal					
Other					
Total					

DD/RTGS/NEFT NO DD/RTGS/NEFT DATE DD/RTGS/NEFT AMOUNT

TO BE COMPLETED BY Chola MS REGIONAL OFFICE

CERTIFICATE NO																				
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DATE RECEIVED

RECEIPT NO																				
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NOTE: GUIDELINES FOR FILLING UP THE DECLARATIONS OVERLEAF

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Regd. & Head Office : "Dare House", 2nd Floor, No. 2, NSC Bose Road, Chennai - 600 001.
 Tel : 91-44-3044 5400 Fax : 91-44-3044 5550 Toll Free : 1800 200 55 44 W: cholainsurance.com
 Email : customercare@cholams.murugappa.com
 Service Tax Registration No: AABCC6633K5T001
 IRDA Regn. No. 123 CIN No. U66030TN2001PLC047977



**PRADHAN MANTRI FASAL BIMA YOJNA (PMFBY)
 Proposal Form for Non-Loanee Farmer - Through Banks**

0007626

Season & Year: _____ 20 _____

Documents to be Enclosed:

- Copy of Land document towards Insurable interest :
 (Land Possession Certificate/Land revenue receipt/ Patta/ Contract/ other documents as per notification)
 Pl. fill details of all the crops you wish to insure in a village in this form

Broker / Agent Name:
 Broker / Agent Id No:
 Broker / Agent
 Ph no:
 E-mail:

1. Details of Farmer:

Are You a registered Farmer with CHOLA MS: If Yes, provide Farmer ID No. in the box below and if Not fill Farmer Registration Form	Yes / No
Name : Mr./Ms./ Mobile/Phone no:	Farmer ID No.:

2. Notified Area Details (L4 - L7 Labels to be filled in as per prevalent nomenclature in the State):

State	District				
L2	L3	L4	L5	L6	L7

3. Details of Crop and Area Proposed for Insurance:

Block/ Tehsil / Hobli	Village	Survey No.	Mention whether you are Owner/ Share-cropper/ Tenant of the survey no.	Crop	Proposed Date / Actual Date of Sowing of the crop	Area Sown in Hectares	Other Crops Sown

I hereby declare that the provisions of the scheme have been read and understood by/ explained to me in detail before completing the Proposal Form including Farmer Registration form. I hereby further declare that the particulars furnished above are true and correct. I have sown/intend to sow crop insured. Further, I undertake to inform the insurance company if there is change in crop and pay any difference in premium which becomes payable.

I have not submitted any other crop insurance proposal covering the above mentioned crop grown on above survey no. during the season under the Scheme either through this Bank branch / PACS or Insurance intermediary or any other Bank branch /PACS or any other Scheme or with any other Insurance Company.

Place:

Date:

Witness (must for thumb impression):

Signature/Thumb Impression of Proposer

Insurance is the subject matter of the solicitation

(For use by Bank)

Notified Area	Crop	Area insured (ha)	Sum insured (Rs)	Farmers Premium Rate (%)	Farmer's Premium (Rs) (6)= (4) x (5)	Details of remittance of premium
(1)	(2)	(3)	(4)	(5)		DD / Cheque No.
						Dated
						Drawn on (name of bank)
Total						Debited on

Prohibitions of Rebates: Section 41 of the Insurance Act provides as follows:

- No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect to any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy except any rebates except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakhs rupees.

GUIDELINES FOR COMPLETION OF THE FORM

- Only one proposal form to be filled up for all the crops proposed to be notified in a survey no.
- Please complete the Proposal Form in all respects. The proposal should be signed by the proposer and all documents as mentioned above enclosed
- Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts. If you think any fact is material, please disclose it.
- The Insurance shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.

NOTE: The liability of does not commence until this proposal has been accepted by and the premium is paid. The detailed terms and conditions are printed at the back of Acknowledgement

Insurance is the subject matter of the solicitation

PMFBY-NL-PF-1

**Acknowledgement
(PMFBY)**

Date: _____

Received Rs. (Rupees only) towards consideration as Farmer's share of Premium from Mr. / Ms., Son/Daughter/Wife of Shri....., cultivator of Block/Tehsil/Taluka/Revenue Circle ofDistrict ofState/UT, having Bank Account No.....in.....Bank.....Branch, towards coverage ofcrops in total land ofHectares for a Sum Insured of Rs. during Season of year under Pradhan Mantri Fasal Bima Yojna (PMFBY), vide Cash/Cheque/DD No. dated drawn onBank, subject to realization.

Broker/Agent Name:
Address:

Please preserve this Acknowledgement for future use

(Authorized Signatory)