

**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 - 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 of .....year.....

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

DATE RECEIVED

RECEIPT NO

NOTE: GUIDELINES FOR FILLING UP THE DECLARATIONS OVERLEAF