

### **APPLICATION FORM**

A. Details of the Breadwinner of the Household who is to be covered for Life and Accidental Insurance. (Age between 18 – 50 years)

## (Please fill up in CAPITAL / BLOCK Letters only, Forms not filled in Block Letters will be summarily rejected. All fields are mandatory)

Sl.	Information	Details		
No				
1	Full Name			
2	Father's Name			
3	Mother's Name			
4	Mobile Number			
5	Gender (M/F/O)			
6	Date of Birth (dd-mm-yyyy)			
7	Has a bank Account ? (Y / N)			
Address:				
8	Street / House No.			
8	Village / Town / City			
9	District			
10	Block			
Nominee Details				
12	Nominee's Name			
13	Relationship of Nominee with			
	the Breadwinner			

### (Check appropriate option)

- 14. The breadwinner is an INDIGENOUS INHABITANT / PERMANENT RESIDENT of Nagaland.
- 15. Is the Breadwinner enrolled in CMHIS/AB-PMJAY? If Yes, please provide the PMJAY ID on the card:.



(Signature & Seal of verifying Authority)

# B. Details of the members of the household who are to be covered under Accidental Insurance. (Age between 18 – 70 years)

SL. No.	Family Member 's Name	Date of Birth (dd-mm-yyyy)	Relationship with Breadwinner	Has a bank account ? (Y/N)
1				
2				
3				

I certify that the breadwinner is a verified **INDIGENOUS INHABITANT / PERMANENT RESIDENT** of Nagaland.

(Signature of Applicant)	(Signature & Seal of ver	rifying authority)

Name:



**Designation:** 

**Contact:** 

#### Note:-

- 1. Only Indigenous Inhabitants and Permanent Residents are eligible to apply.
- 2. District Administration is required to verify the residency of the Breadwinner before signing.
- 3. Copy of Identity Proof like Indigenous Inhabitant Certificate / PRC / AADHAAR / PAN / etc. is required to be submitted for verification along with this form.
- 4. If you have a PMJAY/CMHIS ID, you can register using the Card Number at https://cmlis.nagaland.gov.in.
- 5. Alternately, you can visit <a href="https://cmlis.nagaland.gov.in">https://cmlis.nagaland.gov.in</a> and SELF REGISTER by uploading the duly verified application form.
- 6. Duly verified forms may be submitted to concerned SCK Operators attached with the Office of the Deputy Commissioners for further processing.