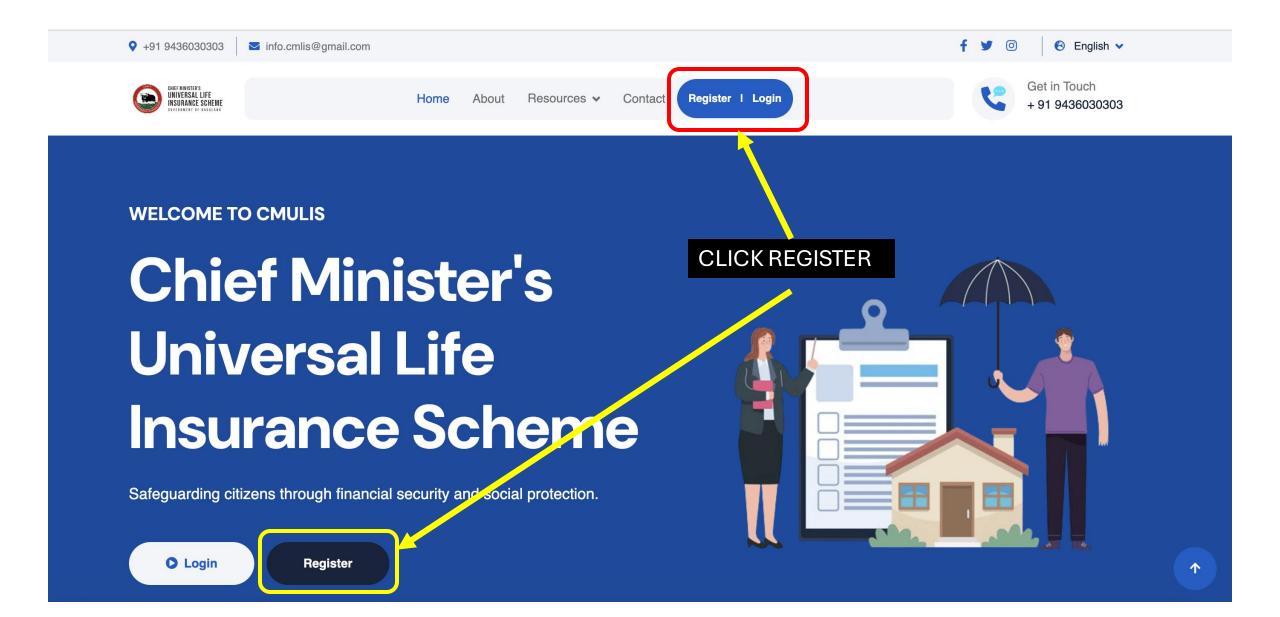
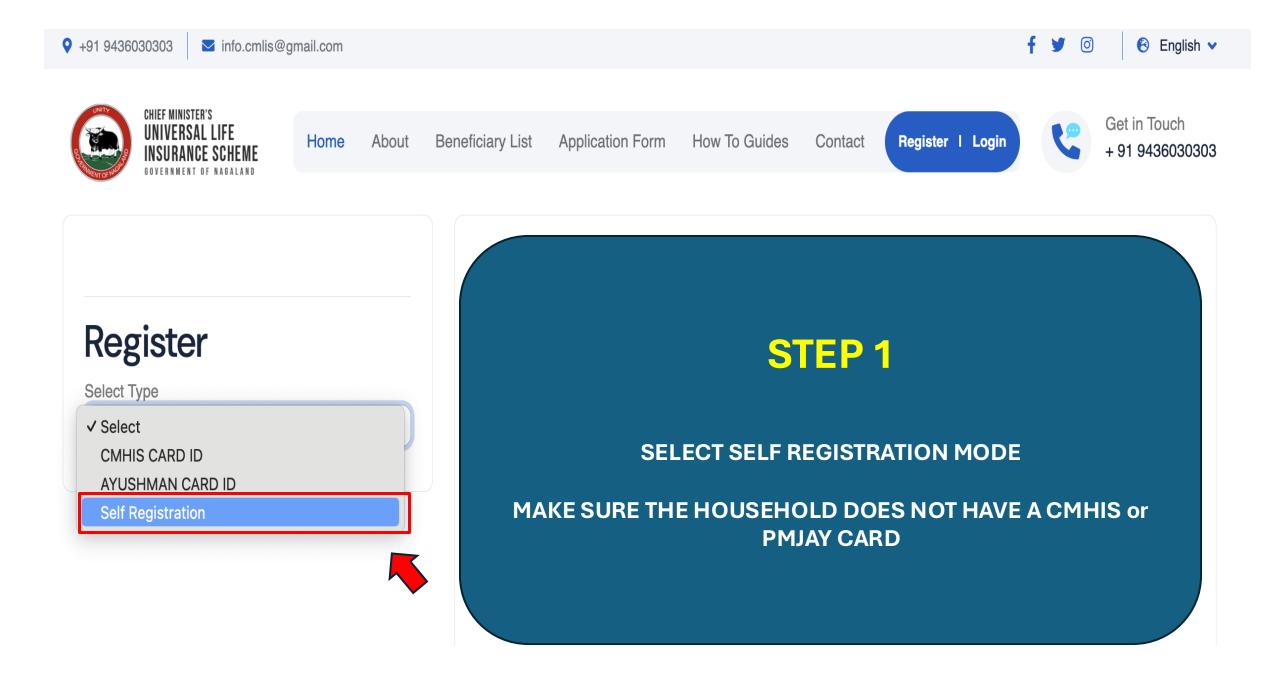


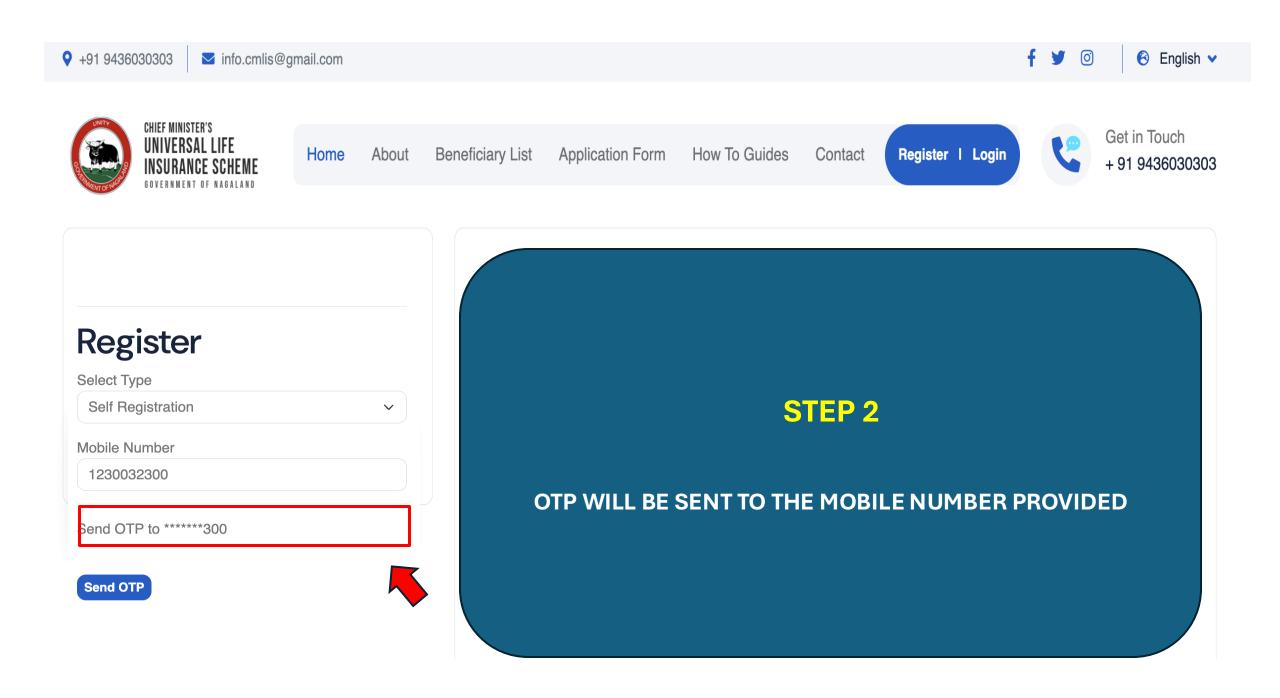
CHIEF MINISTER'S UNIVERSAL LIFE INSURANCE SCHEME GOVERNMENT OF NAGALAND

CMLIS SELF REGISTRATION

USER MANUAL







STEP 3 : ADD DETAILS OF THE BREAD WINNER

CHIEF MINISTER'S UNIVERSAL LIF INSURANCE SCI GOVERNMENT OF NAG

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FILL THE DETAILS OF THE BREADWINNER OF THE HOUSEHOLD

CAPTURE KYC DETAILS OF THE NOMINEE

Mobile Number of Bread Winner / Any family Member *	Ge
	:
Breadwinner has Bank Account ?*	Str
District*	Blo
Select	
Is the Nominee a member of the family? *	No

MENT OF NAG

Details of the Breadwinner (Must be an Indigenous Inhabitant or Permanent Resident of Nagaland)

Father's N

JND

ame *	Mother's Name *	
	Date of Birth (Age should be between 18 - 50 years) *	
	dd/mm/yyyy	3
No. *	City*	
louse No	City	
	Village/Town*	
	✓ Select	/
Name (as per KYC Document) *	Relation with Breadwinner *	
	Select Relationship	





Home At

About Beneficiary List Application Form

 \sim

Register I Login



Details of the Breadwinner

Name of Bread Winner *	Father's Name *	Mother's Name *		
Email (Optional)	Mobile Number of Bread Winner * 1230032300		Gender * Select	~
Date of Birth (age must be between 18-50 years) *	Breadwinner has Bank Account ? *		Street / H.No. *	
dd/mm/yyyy 🛱	Select	~	Street House No	
City / Town [*]	District*		Block*	
City	Select	~	Select	~
Village [*]	Is the Nominee a member of the family? *		Nominee Name (as per KYC Document) *	
Select ~	Select	~		

FILL DETAILS OF THE BREAD WINNER AND SUBMIT

KEEP THE SCANNED COPY OF VERIFICATION FORM HANDY FOR UPLOAD

Add Breadwinner

Select Relationship

Relation with Breadwinner

STEP 4 : ADD FAMILY MEMBERS



Details of the Breadwinner (Must be an Indigenous Inhabitant or Permanent Resident of Nagaland)

CHIEF MINISTER'S UNIVERSAL LIF INSURANCE SCI GOVERNMENT OF NAG

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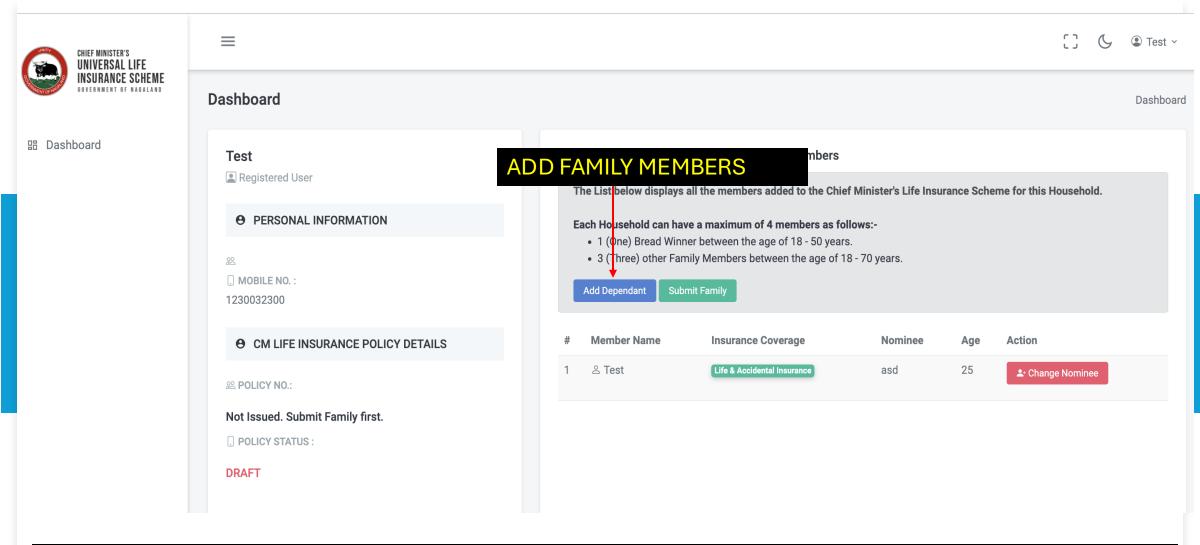
ADD FAMILY MEMBERS ONE AT A TIME

MAXIMUM 3 (THREE) MEMBERS PER HOUSEHOLD.

MEMBER AGE SHOULD BE BETWEEN 18 - 70 er has Bank Av Years

of Bread Winner *	Father's Name *	Mother's Name *
Number of Bread Winner / Any family Member *	Gender *	Date of Birth (Age should be between 18 - 50 years)*
	Select	dd/mm/yyyy
er has Bank Account ? *	Street / H.No. *	City*
	Street House No	City
	Block*	Village/Town*
۰ ×	Select	✓ Select ✓
ominee a member of the family? *	Nominee Name (as per KYC Document) *	Relation with Breadwinner *
		Select Relationship

STEP 4: ADD FAMILY MEMBERS



CAN ADD UPTO 3 (THREE) FAMILY MEMBERS BETWEEN THE AGE OF 18 – 70 Years.

F MINISTE MENT OF NAG

Mother's Name

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STEP 5: SUBMIT FAMILY

Details of the Breadwinner (Must be an Indigenous Inhabitant or Permanent Resident of Nagaland)

Father's Name

SUBMIT FAMILY AFTER ADDING ALL MEMBERS

PROVIDE ID PROOF DETAILS OF BREADWINNER

ile Number of Bread Winner / Any family Member *	Gender*	Date of Birth (Age should be between 18 - 50 years) *		
	Select	dd/mm/yyyy		
adwinner has Bank Account ? *	Street / H.No. *	City*		
	Street House No	City		
rict*	Block*	Village/Town*		
elect	Select	Select ~		
e Nominee a member of the family?*	Nominee Name (as per KYC Document) *	Relation with Breadwinner *		
		Select Relationship		

UNIT

STEP 5: SUBMIT FAMILY

Consent for opening a Chief Minister's Universal Life Insurance Scheme Account $ imes$						
#	Name	Туре	Age	Mobile	Coverage	Nominee
1	Test	Bread Winner	25	1230032300	Life & Accidental Insurance	asd

I, the undersigned, understand and agree to the terms and conditions of the Chief Minister's Universal Life Insurance Scheme (CMLIS) policy offered by the Government of Nagaland. I consent to the collection, use, and sharing of my personal, medical, and financial information as necessary for underwriting and managing my policy. I acknowledge that any false information may lead to denial of claims or cancellation of the policy. I confirm that I have reviewed the policy details and understand my rights. I also agree to receive communications electronically.

I also certify that the details above is the same as the details verified by the District Administration which is being uploaded herewith.

Upload Adminis	trative Cirle Officer Attested Registration Form	UPLOAD VERIFIED		
Choose file	No file chosen	APPLICATION FORM		
		(MANDATORY)		
	CLICK SUBMIT FAM	ILY AFTER ALL MEMBERS HAVE BEEN ADDED	→	Agree & Submit



CHIEF MINISTER'S UNIVERSAL LIFE INSURANCE SCHEME

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Address

Finance Department, Civil Secretariat

FOR ANY QURIES OR SUPPORT



Get in Touch + 91 9436030303



Mail Us

info.cmlis@gmail.com



CONTACT US

https://cmlis.nagaland.gov.in/contact

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USER MANUAL