GOVERNMENT OF TELANGANA
INDIRAMMA FAMILY LIFE INSURANCE SCHEME (₹5 LAKH COVER)
(INDIRAMMA KUTUMBA JEEVITHA BHEEMA PATHAKAM)

APPLICATION & NOMINATION FORM

Application / Ration Card No.: _____
District: _____
Mandal / Municipality: _____
Gram Panchayat / Ward No.: _____
Date of Application: ____ / ____ / 2026

Affix Recent Passport Size Photograph of Insured Person

1. INSURED PERSON DETAILS (EARNING MEMBER: AGE 18 TO 59 YEARS)

Full Name (As per Aadhaar): _____
Father / Husband Name: _____
Date of Birth (DD/MM/YYYY): ____ / ____ / _____ Age: _____ Years
Gender: ☐ Male ☐ Female ☐ Other
Aadhaar Number: [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]
Ration Card (FSC) Number: _____
Mobile Number (Aadhaar Linked): _____
Occupation / Profession: _____
Residential Address: _____

_____

_____

2. FAMILY MEMBERS DETAILS (AS PER RATION CARD / HOUSEHOLD)

S.No.	Full Name	Relationship	Age	Aadhaar Number
1.		Self		
2.				
3.				
4.				
5.				

3. NOMINEE DETAILS (TOTAL SHARE MUST EQUAL 100%)

S.No.	Nominee Full Name	Relationship	Age	Aadhaar Number	Share (%)
1.					%
2.					%
3.					%

* Note: If the nominee is a minor (below 18 years), provide Guardian details below:
Guardian Name: _____ Relationship: _____
Guardian Aadhaar: ____ - ____ - ____ Mobile No.: _____

4. DECLARATION BY APPLICANT / INSURED PERSON

I hereby declare that the details furnished above are true and correct to the best of my knowledge. I am the earning member of my family aged between 18 and 59 years, and our family is not currently covered under any other State Government life insurance scheme. I consent to the nomination and share distribution specified above.

Place: _____ Date: ____ / ____ / 2026

Signature / Thumb Impression of Insured: _____

5. FOR OFFICIAL USE ONLY (VERIFICATION AT CAMP / PANCHAYAT / WARD)

Documents Verified: ☐ Aadhaar Card ☐ Ration Card (e-KYC)
OTP Verification Status: ☐ Verified ☐ Pending
Verified By (Name & Designation): _____
Signature & Stamp of Enrolment Officer: _____