AGRICULTURE INSURANCE COMPANY OF INDIA LTD.

NATIONAL AGRICULTURAL INSURANCE SCHEME (NAIS)

DECLARATION FORM - NON LOANEE FARMERS

To :

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From (Nodal Bank).....

Address & Ph. No. .....

.....

Fax No. .....

Premium D.D. should be in favour of "Agriculture Insurance Company of India Ltd."_____.

Round off the amount of premium to the nearest rupee.

1. Under the provisions of the National Agricultural Insurance Scheme (NAIS), we hereby declare the aggregate amount of Sum Insured, for the proposals received in the month of.....(by branches / PACS' under the jurisdiction of our Office) as per the schedule below. We declare that additional sums insured above the normal coverage limits, if any, are as per the options exercised by the farmers.
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 NAIS issued by the SLCCCI from time to time have been followed.

Dated at.....this.....day of.....

Name of the Signatory
Designation :

Signature of Authorised Signatory
of Nodal Bank

SCHEDULE

Declaration No. (To be alloted by Bank) NODAL BANK CODE

State : Season : Year : Crop :

District : Notified Area :

Part A : Normal coverage up to the amount of value of threshold yield. Premium Rate :

	Category of Farmers	No. of Farmers	Area (in Hectares)	Sum Insured up to the value of threshold yield	Full Premium	Subsidy	Premium Remitted
1	Small/Marginal Farmers						
2	Other Farmers					NIL	
	SUB-TOTAL						

Part B : Additional coverage over Part A up to the value of 150% of average yield. Premium Rate :

	Category of Farmers	No. of Farmers	Area (in Hectares)	Sum Insured above value of threshold yield and up to value of 150% of average yield	Full Premium	Subsidy	Premium Remitted
1	Small/Marginal Farmers						
2	Other Farmers					NIL	
	SUB-TOTAL						
	GRAND TOTAL (PART A+B)						

DD No. DD Date : DD Amount

TO BE COMPLETED BY AIC

CERTIFICATE NUMBER

RECEIPT NO. DATE RECEIVED

NOTE : 1) ALL CODE BOXES SHALL BE FILLED UP BY AIC.
2) GUIDELINES FOR FILLING UP THE DECLARATIONS OVERLEAF.