

**National Insurance Company Limited
Proposal Cum Health Certificates for Sheep Insurance**

Format-2

Telangana State and Goat Development Co-Operate Federation Limited

District:		Mandal:	
Village/Society:		Society Registration No:	
Name of the Beneficiary:		Beneficiary Reg No:	
Father Name:		Age/ Date of birth:	
Mobile No:		Caste	SC/ST/BC/Minorities/OC
Aadhar Card No:		Type of Farmer :	SF/MF/BPL
Name of Nominee:		Relationship with Nominee:	

Bank Details of Beneficiary:

Bank Name:		Bank Branch Name	
IFSC Code:		Account Number	

Veterinary Doctor Details:

Name of the Veterinary Doctor:		Veterinary Hospital Name:	
Mobile No of the veterinary Doctor:		Email Id of the Veterinary Doctor:	

Units Details:

Size of the unit sanctioned:	(20+1)/(50+2)/(100+5)/(500+25)	Period of Insurance:	
Date of Grounding:		Place of Grounding:	

Tag Numbers of Animals Purchased/ Grounded:

Tag Number	Tag Number	Tag Number	Tag Number
		Premium with ST(Please see the guidelines)	

For more than 20+ 1 unit use continuation to Form 2 for balance sheep tag numbers.

I/We here by certify that the above details are true to the best of our knowledge, that all the above animals are healthy and have been vaccinated for various diseases periodically as per the schedule. I/We here by certify that all the animals are properly tagged in our presence.

Signature / Thumb impression of Beneficiary

Signature and seal of the Veterinary Doctor/Executive Director

Date:

Place: