

Format -1
NEW INDIA ASSURANCE COMPANY LIMITED
401 & 402 4th FLOOR, ALKARIM TRADE CENTRE, M.G.ROAD,
RANIGUNJ, SECUNDERABAD - 500003

TSSGDCFL SHEEP INSURANCE MASTER POLICY NO.
CERTIFICATE OF INSURANCE NO.

/ NIA/2021

Full Name of the beneficiary		Beneficiary Registration No.	
Father's Name		Age/ DOB	
Mobile No.		Aadhar Card No.	
Name of the Nominee		Relationship with Nominee	
Village		Mandal	
District		PSBCS Reg. No.	
Name of the PSBCS		Society membership No.	

Name of Veterinary Asst. Surgeon		Address of Veterinary Institution	
Mobile No. of VAS		E-mail ID of VAS	
Date of Grounding		Place of Grounding	
No. of sheep procured	20+1	Period of insurance (1 year)	From :
Total Value of sheep	Rs.1,11,000/-		To :

Tag numbers of sheep (20 ewes):

Ram Tag No:

I hereby certify that the above details are true to the best of our knowledge and that all the above sheep are healthy and fit for insurance. I hereby certify that all the sheep are properly tagged with the above numbers for uploading in to the software application. I have also counter signed the certificate of insurance with above date.

Signature of Beneficiary

Signature of VAS with seal

The above animals are insured from the above place of purchase till it reaches destination mentioned in this certificate of insurance and also for a period of one year from the date of purchase mentioned above.(Valid only when counter signed by VAS at the time of grounding the scheme).

Facsimile signature:

*For NEW INDIA ASSURANCE Company Ltd.,
(Authorised Signatory)*