

**GOVERNMENT OF ANDRHA PRADESH
ABSTRACT**

A.P.G.L.I. Department – Recommendations of the Committee on simplification of Procedures in the Directorate of Insurance - Modification of common proposal form in lieu of fresh and enhancement proposal forms – Orders – Issued.

FINANCE (ADMN.II) DEPARTMENT

G.O.Ms.No. 189

**Dated: 10-07-2013.
Read the following:-**

1. G.O.Ms. No. 105 Finance & Planning (FW.Pen.II) Department, dated 11-05-1981.
2. G.O.Ms.No. 17 Finance & Planning (FW.Pen.II) Department, dated 02-02-1982.
3. G.O.Ms.No. 43 Finance & Planning (Fw.Admn.III) Department, dated 28-1-1989.
4. G.O.Ms.No.368 Finance & Planning (Fw.Admn.II) Department, dated 15-11-1994.
5. G.O.Ms.No. 106 Finance & Planning (FW.Admn.II) Department, dated 15-04-1995.
6. G.O.Ms.No. 29 Finance & Planning (Fw.Admn.II) Department, dated 30-01-2009.
7. G.O.Ms.No. 231 Finance & Planning (Fw.Admn.II) Department, dated 28-06-2010.
8. G.O.Ms.No. 83 Finance (Admn.II) Department, dated 07-01-2013.
9. Submission of Report of the Committee on simplification of Procedures in the Directorate of Insurance, dated 27-02-2013.
10. Director of Insurance, A.P., Hyderabad letter No. 01/General-1/2012-2013, Dated: 21-03-2013.

ORDER :

In the Government order 1st read above, the Government have constituted a Committee to study the possibilities of simplification of procedures and efficient functioning of the Department to render quick service to the Policy holders.

2. In the reference 9th read above, the Committee has submitted a report to the Government, wherein recommended that the form prescribed for submitting the proposal may be simplified by seeking only relevant information with regard to the date of appointment into Government Service, Pay, Subscription opted, health status and nomination and to dispense with the practice of seeking certain information regarding Women Employees.

3. In the reference 10th read above, the Director of Insurance has stated that the Committee in its reports has recommended for deletion of Women column stating that the information regarding last date of menstruation, regularity of periods, year of last confinement miscarriages and whether she is currently pregnant or not. These details are not relevant to the health status of women employees. Further, the information sought is very intrusive. The practice of seeking such information may be dispensed with.

4. Government after careful examination of the recommendations of the Committee and as per the request of the Director of Insurance, Government hereby permit to delete the Women Column from the existing proposal form and use the new proposal form annexed to this order which is more convenient and proponent friendly useful existing to the software system.

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5. The Commissioner of Printing and Stationery, Hyderabad is requested to arrange for printing and supply of modified Proposal Form to the various departments against their indents and a copy of the revised Pro-forma is available in A.P.G.L.I. Web site for down loading.

6. All the Departments of Secretariat / Heads of Departments are requested to issue suitable instructions to all their subordinates to ensure that all eligible employees (in the age group of 21 to 53 years) are brought under the Andhra Pradesh Government Life Insurance Scheme.

7. Copy to this order is available on Internet and can be accessed at address <http://WWW.ap.gov.in.goir>.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDRHA PRADESH)

Dr. P.K.MOHANTHY
CHIEF SECRETARY TO GOVERNMENT

To
The Director of Insurance, A.P., Hyderabad.
All Departments of Secretariat.
All Heads of Departments.
The Director of Treasuries and Accounts, A.P., Hyderabad.
The Pay and Accounts Officer, A.P., Hyderabad.
The Registrar, High Court of A.P., Hyderabad.
The Secretary, A.P.P.S.C., Hyderabad.
The District Collectors / Superintendents of Police.
All Distinct Judges.
All District Treasury Officers,
The Chairman, A.P., Housing Board, Hyderabad.
The Chairman, Tribunal for Disciplinary Proceedings, Hyderabad.
The Commissioner of Printing Stationery and Stores Purchases Dept.,
for publication in the A.P. Gazettee.
Copy to
SF/SCs.

//FORWARDED:: BY ORDER //

SECTION OFFICER

"I do hereby declare that the foregoing details and Answers have been given by me after fully understanding the questions, the same are true, full and complete whether written in my own hand writing or not in every particular and that I have not withheld or concealed any circumstances with regard to which information has been required from me. I agree that the foregoing statements and declaration shall be the basis of the proposed contract for an Insurance and that if it shall hereafter appear that I have willfully made any untrue statement or have fraudulently concealed any circumstances which I ought to have made known then all the Premia which shall have been paid under the said contract shall be forfeited and the contract rendered absolutely null and void."

తేది
Date

జీత బీమా చేయదలచిన వ్యక్తి సంతకం
Signature

ప్రతిపాదన పై ఏ అధికారి సమక్షంలో సంతకం చేయబడినదో ఆ అధికారి ధృక్కరణ పత్రం
CERTIFIED BY OFFICER BEFORE WHOM THE PROPOSAL IS SIGNED

పైన పేర్కొన్న పరీక్షలు ఖరారు పరిమోనవనియు, ప్రతిపాదకుడు నా సమక్షంలో సంతకం చేసినాడనియు నేను ధృవపరుస్తున్నాను. నూతన / అదనపు బీమా విధిత్వము తగ్గింపు చేసిన మొదటి ప్రీమియం రూ. _____ మరియు మొత్తము రూ. _____ (ఇది పరకే తగ్గింపు చేసిన మరియు ప్రస్తుత ప్రీమియం కలుపుకొని) _____ నెల మరియు _____ సంవత్సరము వేతనము నుండి తేది _____ గల టోకన్ నెంబరు _____ ద్వారా వసూలు చేయడమయినది.

I certify that the service particulars stated above are correct and the Proponent's Signature has been affixed in my presence. The First Premium recovered for fresh /subsequent Insurance is ₹ _____ in all ₹ _____ (including previous and present Premium) from the pay of _____ month and _____ year, vide token No. _____ dated _____

స్థలం
Station

తేది
Date

సంతకము
ఆహారణ మరియు బట్వాడ అధికారి (ఆహారణ మరియు బట్వాడ అధికారి గజెటెడ్ కాని యెడల ఆ పై గజెటెడ్ అధికారి సంతకము చేయవలయును. మరియు స్వీయ ధృక్కరణ చెల్లదు.)

For OFFICE USE

O.R.()
Supdt. DIO

Signature
Drawing and Disbursing Officer (If DDO is not gazetted, it should be countersigned by next Gazetted Officer and Self Attestation is not acceptable)

హోదా
Designation
కార్యాలయ ముద్ర
Office Seal