



(<https://kgidonline.karnataka.gov.in>)

Life Insurance New Business

USER MANUAL FOR NEW EMPLOYEE

Karnataka Government Insurance Department

Government of Karnataka

Prepared by

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Karnataka Government Insurance Department Web Page:

- Open the web browser.
- Enter the URL (<http://49.206.243.82:92/>).

The screenshot displays the Karnataka Government Insurance Department (KGID) website. The header includes the KGID logo, the text "Karnataka Government Insurance Department" and "Government of Karnataka", and a language selection dropdown menu set to "Kannada". The navigation menu contains links for Home, Life Insurance, Motor Insurance, Group Insurance, Family Benefit, MIS & Admin, and Contact Us. The main content area features a banner for "Motor Insurance" with an image of a car and a motorcycle. Below the banner is a "Login" section with a "Login" link and an "Agency Login" button. The login form includes radio buttons for "Agency Login" (selected), "KGID Login", and "New Employee Login". The form fields are: Username (placeholder: "Enter Username"), Password (placeholder: "Enter Password"), and Captcha (displaying "8183" and a placeholder "Enter Captcha"). A green "Login" button is positioned below the fields, and a "Forgot Password?" link is at the bottom right of the form. The footer contains links for About Us, Sitemap, Copyright Policy, Privacy Policy, Hyperlinking Policy, Security Policy, Terms and Conditions, Help, Screen Reader Access, and Guidelines. A copyright notice at the bottom states: "Content Owned and Maintained by : Karnataka Government Insurance Department, Government of Karnataka. Copyright © 2021. All Rights Reserved."

New Employee Login:

1. New Employee has to select “New Employee Login” Tab.

The screenshot displays the Karnataka Government Insurance Department (KGID) website. The header includes the KGID logo, contact information, and a navigation menu with options like Home, Life Insurance, Motor Insurance, Group Insurance, Family Benefit, MIS & Admin, and Contact Us. A banner for Motor Insurance is visible. Below the banner, there is a 'Login' section with a 'New Employee Login' tab selected. The login form includes radio buttons for 'Agency Login', 'KGID Login', and 'New Employee Login' (which is selected). Under 'Login using', there are radio buttons for 'Mobile Number' (selected) and 'Email address'. A text input field for the mobile number is present, followed by an 'Authenticate' button. A blue callout box with an arrow points to the 'New Employee Login' tab, containing the text: 'New Employee has to select New Employee Login Tab.' The footer contains various policy links such as About Us, Sitemap, Copyright Policy, Privacy Policy, Hyperlinking Policy, Security Policy, Terms and Conditions, Help, Screen Reader Access, and Guidelines.

2. Enter the registered **Mobile Number** and click on “**Authenticate**” (After clicking on Authenticate button applicant will get an OTP).

The screenshot displays the Karnataka Government Insurance Department website. The header includes the KGID logo, the text "Karnataka Government Insurance Department", and "Government of Karnataka". A navigation menu contains links for Home, Life Insurance, Motor Insurance, Group Insurance, Family Benefit, MIS & Admin, and Contact Us. The main banner features the text "Family Insurance.." and "HOW TO CLAIM LIFE". Below the banner, there are links for "Login" and "New Employee Login".

On the left side, there is a vertical menu with icons and labels for "Life Insurance", "Motor Insurance", "Family Insurance", and "Group Insurance". The central illustration depicts a family under a blue umbrella, with a red heart and a house icon, symbolizing insurance protection.

On the right side, a login form is shown with the following elements:

- Radio buttons for "Agency Login", "KGID Login", and "New Employee Login" (which is selected).
- A "Login using" section with radio buttons for "Mobile Number" (selected) and "Email address".
- A text input field containing "+91 8975641238".
- A green "Authenticate" button.

A blue callout box with arrows pointing to the input field and the "Authenticate" button contains the text: "Enter the registered Mobile Number and click on Authenticate (After Authenticate applicant will get an OTP)."

3. Enter the “OTP” and “Captcha” and click on Login button.

help[dot]kgid[at]karnataka[dot]gov[dot]in +91 080 2237 3845 Kannada

Karnataka Government Insurance Department

Government of Karnataka

Home Life Insurance Motor Insurance Group Insurance Family Benefit MIS & Admin Contact Us

Family Insurance..

HOW TO CLAIM LIFE

Login > New Employee Login

Life Insurance
Motor Insurance
Family Insurance
Group Insurance

Agency Login KGID Login New Employee Login

Login using

Mobile Number Email address

+91 8975641238

Re-send OTP 1123

4477 4477

Login

Enter the OTP and Captcha and click on Login button.

About Us Sitemap Copyright Policy Privacy Policy Hyperlinking Policy Security Policy Terms and Conditions Help Screen Reader Access Guidelines

4. After login click on “New Business menu”.
5. Select Apply for “KGID Policy”.

The screenshot shows the website interface for the Karnataka Government Insurance Department. At the top, there is a header with the department's name and logo. Below this is a navigation menu with options: Home, New Business, Motor Insurance, and MI Claim Application. A dropdown menu is open under 'New Business', showing 'Apply for KGID Policy' and 'View KGID Application'. A blue callout box on the left contains the text: 'Click on New Business menu and select Apply for KGID Policy.' The main content area displays 'WELCOME TO KARNATAKA GOVERNMENT INSURANCE DEPARTMENT WEBSITE'. At the bottom, there is a footer with various policies and contact information.

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Kannada | Pramod SR

Government of Karnataka
Karnataka Government Insurance Department

Home | New Business | Motor Insurance | MI Claim Application

Home > Home Home | Designation : Trainee | Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

Apply for KGID Policy
View KGID Application

Click on New Business menu and select Apply for KGID Policy.

WELCOME TO KARNATAKA GOVERNMENT INSURANCE DEPARTMENT WEBSITE

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6. Click on “I have read the instructions” and click on Proceed to Application.

The screenshot displays the Karnataka Government Insurance Department (KGID) website. The header includes the KGID logo, contact information (help@kgid.karnataka.gov.in, +91 080 2237 3845), language selection (Kannada), and user profile (Pramod SR). The main navigation bar contains links for Home, New Business, Motor Insurance, and MI Claim Application. The current page is titled 'Apply for KGID Policy' and shows the user's designation as 'Trainee' and department as 'KANNADA, CULTURE AND INFORMATION SECRETARIAT'. The 'Instructions' section lists 11 steps for applying for a policy. A blue box with an arrow points to the checked checkbox 'I have read the instructions'. Another blue box with an arrow points to the 'Proceed to Application' button.

Government of Karnataka
Karnataka Government Insurance Department

Home New Business Motor Insurance MI Claim Application

Home > Apply for KGID Policy Designation : Trainee Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

Instructions

1. Verify your details, if new Employee.
2. Verify your policy details, if existing employee.
3. Total Deductions including Policy Premium entered by employee to be within 50% of gross salary.
4. Family Members and Nominee details are automatically fetched from previous policy. In case of new employee, the details need to be entered.
5. The details of Nominee and family members can be modified based on marital status of employee.
6. Personal Health Details need to be entered by employee. Supporting documents need to be uploaded.
7. Payment of Initial Deposit is mandatory (through K-II gateway only).
8. Details as mentioned by Doctor in Medical Form need to be entered by employee.
9. Medical Form to be scanned and uploaded.
10. Application Form to be signed and scanned copy to be uploaded.
11. Final Submission in the System.

I have read the instructions

Click on Proceed to Application. Proceed to Application →

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7. The **Basic details** of the Employee is displayed.
8. An option is provided to fill the **Residential (Permanent) Address and Pin Code**.
9. An option is provided to **change the Marital status** of the Employee.
10. Click on **Next** Button to proceed further.

The screenshot displays a web browser window with the URL 49.206.243.82. The page title is "Application Form". The main heading is "Employee Application". A reference number "20210112132202" is shown. The form is divided into sections: "Application Details", "Initial Deposit Payment", and "Medical Report". The "Application Details" section is active and contains a progress bar with six steps: 1. Basic Details (selected), 2. KGIO Details, 3. Family Details, 4. Nominee Details, 5. Personal Details, and 6. Declaration. The "Basic Details" form includes the following fields: Proposer Name (Pranod SR), Gender (Male), Present Working Office (DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE), Father Name (Ramesh), Date of Birth (13-12-1987), Place of Birth (Hassan), Phone (8975641238), Residential Address (Hassan), Pincode (576201), Group (C), Permanent / Temporary (Permanent), Present Pay Scale (25800.00 - 51400.00), Marital Status (Unmarried), Spouse Name, and Are you an orphan? (No). At the bottom right, there are buttons for "Previous", "Save", and "Next". A blue callout box with an arrow points to the "Next" button, containing the text: "After filling the application, Click on 'Save' and 'Next' Button."

11. In “KGID Details” tab system will show the premium amount to be deducted i.e. 6.25% from the salary (the applicant can increase the premium amount but it has to be below 50% of average pay of their salary).

12. Click on **Next** button.

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Government of Karnataka
Karnataka Government Insurance Department

Home New Business Motor Insurance MI Claim Application

Designation : Trainee Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

Employee Application

Reference Number : 20210112132202

Application Details Initial Deposit Payment Medical Report

1. Basic Details 2. KGID Details 3. Family Details 4. Nominee Details 5. Personal Details 6. Declaration

Employee Pay Scale : 25800.00 - 51400.00
Monthly Premium Details (Minimum) in rupees
2410

Enter Amount in rupees
2410

KGID Premium Details

KGID Policy Number / Application Ref Number	Sanction Date	KGID Premium
No data available in table		
Total:		0

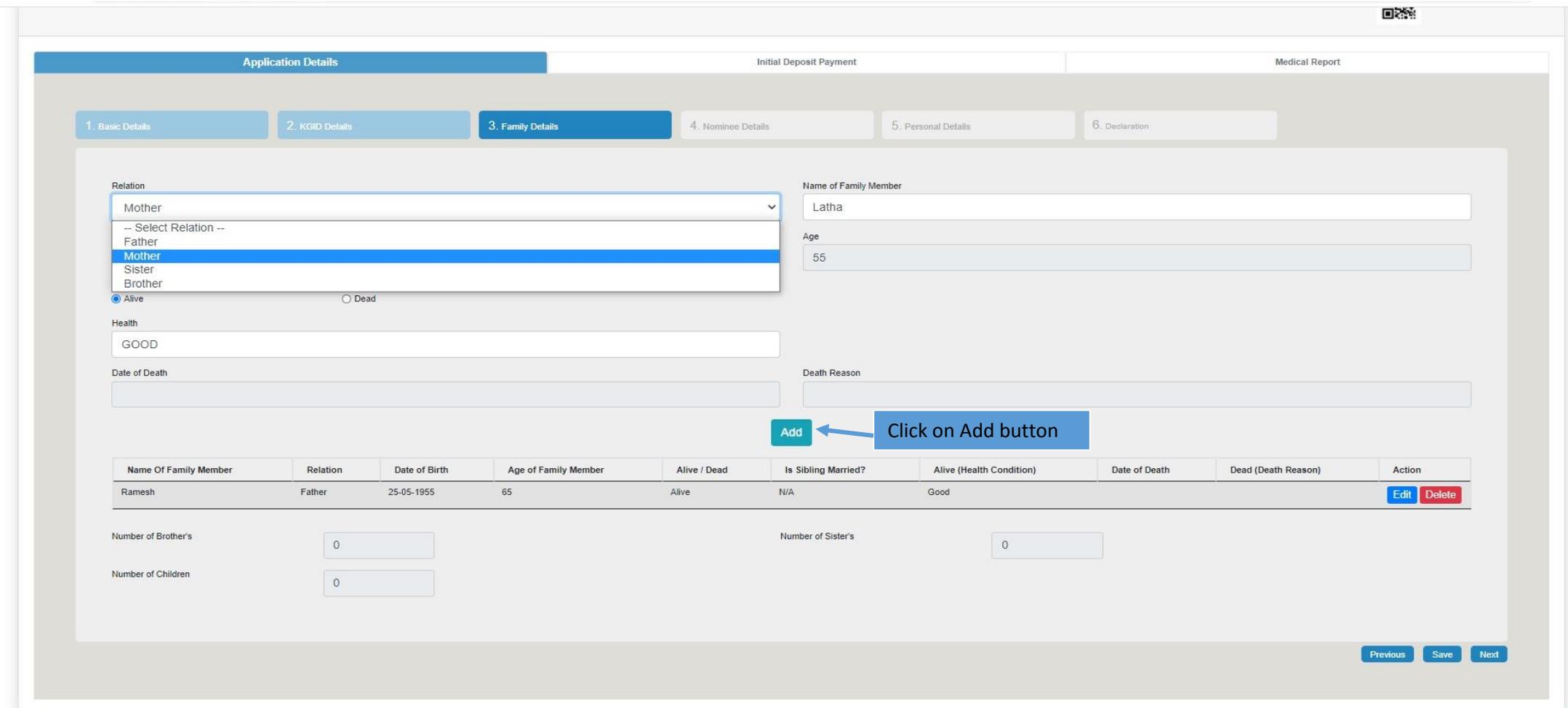
Previous Save Next

Enter the Premium Amount

Click on "Save" and "Next" Button.

13. In “**Family Details tab**” employee should enter the details of his/her family members.

14. After entering the family details, click on **Add** button to save the details.



Application Details

Initial Deposit Payment

Medical Report

1. Basic Details

2. KGID Details

3. Family Details

4. Nominee Details

5. Personal Details

6. Declaration

Relation

Mother

-- Select Relation --

Father

Mother

Sister

Brother

Alive Dead

Name of Family Member

Latha

Age

55

Health

GOOD

Date of Death

Death Reason

Add

Click on Add button

Name Of Family Member	Relation	Date of Birth	Age of Family Member	Alive / Dead	Is Sibling Married?	Alive (Health Condition)	Date of Death	Dead (Death Reason)	Action
Ramesh	Father	25-05-1955	65	Alive	N/A	Good			Edit Delete

Number of Brother's

0

Number of Sister's

0

Number of Children

0

Previous Save Next

15. The details entered are displayed below, an option has been provided to **edit / delete** the details.
16. Click on **Next** button to proceed further.

1. Basic Details
2. KGID Details
3. Family Details
4. Nominee Details
5. Personal Details
6. Declaration

Relation

Date of Birth

Alive / Dead
 Alive Dead

Health

Date of Death

Name of Family Member

Age

Death Reason

Add

Name Of Family Member	Relation	Date of Birth	Age of Family Member	Alive / Dead	Is Sibling Married?	Alive (Health Condition)	Date of Death	Dead (Death Reason)	Action
Ramesh	Father	20-05-1955	65	Alive	N/A	GOOD			Edit Delete

Number of Brother's

Number of Children

Number of Sister's

Previous
Save
Next

Edit / Delete option to modify the details

Click on "Save and "Next" option

17. In “Nominee Details” select the **Name of the Nominee** and mention the **Percentage Share**.
18. Click on **Add** button (More than one Nominee can be added but total % share should be equal to 100%).
19. Click on **Next** button to proceed further.

Home > Designation : Trainee Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT KGID

Employee Application

Reference Number : 20210208130605 Fill the Nominee Details

Application Details Initial Deposit Payment Medical Report

1. Basic Details 2. KGID Details 3. Family Details **4. Nominee Details** 5. Personal Details 6. Declaration

Name of Nominee: Relation:

 % Share:

Name of Nominee	Age of Nominee	Relation	% Share	Name of Guardian	Relation with Guardian	Action
Ramesh	65	Father	50			<input type="button" value="Edit"/> <input type="button" value="Delete"/>

After filling the application Click on “Save” and “Next” Button.

Select the Nominee Name

Percentage of Share

20. In “Personal Details” employee must fill in details about his / her health condition.

21. On clicking of Yes / No, the displayed questionnaires need to be answered with the **remarks** and **supporting documents** (incase Yes).

Employee Application

Reference Number : 20210112132202



Application Details Initial Deposit Payment Medical Report

1. Basic Details 2. KGD Details 3. Family Details 4. Nominee Details **5. Personal Details** 6. Declaration

Is your health in good condition? Yes No

Are you married? If so, Yes No

Height (cms) Feet To Cms Chart Weight (kgs)

Details about personal health

On what occasion and for what diseases or injuries have you received medical advice, when and by whom? Yes No

Has any relative (member of your family) living or dead, been affected with diabetes, Cancer, Gout, Consumption, epilepsy, Insanity, Apoplexy, Heart failure? If so, give particulars. Yes No

Have you lived in the same house or been associated in any way with a person suffering from consumption or any other infectious diseases within the last two years? If so, give details. Yes No

Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder? Yes No

Have you ever suffered from Sore-throat, Spitting of blood, Chronic Cough, Asthma, Bronchitis or other diseases of the Lungs? Yes No

Have you ever experienced or passed stones or gravel from urination, especially in Stomach ache? If so, since when, how often and how long each time? Yes No

Have you ever suffered from Rheumatic fever or chronic Rheumatism? If so, what joints were attacked? do you suffer from shortness of breath, paleness or palpitation of heart? If so, since when how often and how long each time? Yes No

Have you ever passed blood, pus, sugar, or albumen in urine? How often do you get up at night to pass urine? Yes No

Have you had any other illnesses considered by you to be important or not? If so, give details. Yes No

Do you drink wine, spirits or malt liquors? Are you addicted to the use of any narcotic drugs like opium, cocaine, etc. If so, give particulars. Do you smoke tobacco? If so, to what extent? Yes No

(a) Have you remained absent from your work on grounds of health during the last 3 years? If so, state when, how long and on what ailments? Yes No

(b) Were you medically advised to have a change of place for health reasons? If so, give reasons and state when and how long. Yes No

Has any proposal on your life been previously made to official Branch or Life Insurance Corporation, or Postal Insurance, or Hyderabad state Life Insurance fund? If so, state. Yes No

After filling the application Click on “Save” and “Next” Button.

22. In **Declaration** tab tick the check box “I agree to the terms and condition mentioned above” and click on Finish button.
23. On clicking of **Finish** button, a message is displayed “Are you sure you want to finish the Application”?
24. Click on **OK** button.

Government of Karnataka
Karnataka Government Insurance Department

Home New Business Motor Insurance MI Claim Application

Home > Designation : Trainee Department : KARNATAKA CULTURE AND INFORMATION SECRETARIAT

Employee Application

Reference Number : 20210112132202

Application Details Initial Deposit Payment Medical Report

1. Basic Details 2. KGID Details 3. Family Details 4. Nominee Details 5. Personal Details 6. Declaration

1. Pramod SR, who has put forward the mandatory life insurance policy. I declare that I have come to know all the questions in this proposal and have provided them with factual information.
2. In the interim period from the date of submission to the date of acceptance, I will notify the insurance department in writing if there is a difference in my health.
3. I am aware that the information I have provided is the basis for the insurance contract and that the insurance contract is effective in paying for the false insurance policy.
4. I agree to all the provisions of the Mandatory Insurance Regulations.

I agree to the terms and condition mentioned above.

Previous Save Finish

Government of Karnataka
Karnataka Government Insurance Department

Home > Designation : Trainee Department : KARNATAKA CULTURE AND INFORMATION SECRETARIAT

Submit Application?

Are you sure you want to finish the application?

OK CANCEL

Reference Number : 20210112132202

Application Details Initial Deposit Payment Medical Report

1. Basic Details 2. KGID Details 3. Family Details 4. Nominee Details 5. Personal Details 6. Declaration

1. Pramod SR, who has put forward the mandatory life insurance policy. I declare that I have come to know all the questions in this proposal and have provided them with factual information.
2. In the interim period from the date of submission to the date of acceptance, I will notify the insurance department in writing if there is a difference in my health.
3. I am aware that the information I have provided is the basis for the insurance contract and that the insurance contract is effective in paying for the false insurance policy.
4. I agree to all the provisions of the Mandatory Insurance Regulations.

I agree to the terms and condition mentioned above.

Previous Save Finish

- 25. After completion of the Application, the details of **Initial Deposit Payment** details are displayed.
- 26. Click on **Pay through K-II** to make the payment.

Government of Karnataka
Karnataka Government Insurance Department

Home > New Business > Motor Insurance > MI Claim Application >

Designation : Trainee Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

Employee Application

Reference Number : 20210112132202

Application Details | **Initial Deposit Payment** | Medical Report

1. Payment Details

Receipt Type Life Insurance	Initial Amount 2410
Payment Reference No CHN_12-01-2021_372_10348	DDO Code 120270
Purpose KGID_Life Insurance	Sub Purpose Initial Deposit
HGA 8011-00-105-1-01	Date 12-01-2021

Click on Pay through KII button.

Pay Through KII Print

Previous Save Finish

- On clicking of Pay through K-II, it is redirected to **K-II Payment Page**.
- Employee should select the Mode of payment, Type of e-payment, Bank name and enter the captcha.
- Click on **Submit** option to make the payment or on **Reset** option to enter the details again.

, Friday, 8:00 PM to 12th December 2020, Saturday, 8:00PM.

ಪಾವತಿ ವಿವರಗಳು \ Payment Details

ಪಾವತಿ ವಿಧ *

ಇ-ಪಾವತಿ ವಿಧ * Direct Integration with Banks *

Enter CAPTCHA Code * 

K-II bank page (sample page of Bank of Baroda)- Acknowledgement / Receipt is generated by the selected bank.

The screenshot displays the Bank of Baroda K-II portal interface. At the top left is the Bank of Baroda logo with the text 'बैंक ऑफ बरोडा Bank of Baroda'. Below the logo, a status bar shows the user's name 'MR S RAJKUMAR', the date and time '23/02/2021 4:56:35 PM', and the last login time '23/02/2021 12:44:03 PM IST'. A green notification banner at the top states 'The request is submitted successfully. Ref. ID: [2429601]'. Below this is a progress indicator with three steps: 'New Request Details' (marked with a red checkmark), 'Preview and Confirm' (marked with a red checkmark), and 'Summary' (marked with a red circle containing the number 3). The main content area is titled 'CYBER RECEIPT FOR KARNATAKA KHAJANE e TAX PAYMENT' and contains the following transaction details:

- Remitter Name : Anil
- Challan Reference No: BARB2302210205
- Challan Amount: 2.00
- Bank Reference Number: 252993522
- Transaction Status: Success
- Date/Time of Transaction: 23/02/2021 04:56:32 PM IST
- Status Description: Completed Successfully

A red text message at the bottom of the receipt area reads: 'Tax Amount has been debited. Please do not close or refresh the webpage as you are being navigated to (Govt. of Karnataka) Khajane-II website for completion of the transaction.'

This screen will allow for **Verification of payments.**

Government of Karnataka
Karnataka Government Insurance Department

Home New Business Motor Insurance MI Claim Application

Home > Designation : Clerk Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT KGID

KII Double Verification Result

Challan No.	KD0221801123165814
Challan Amount	2.00
Bank Name	Bank of Baroda
Payment Mode	Netbanking
Status Code	10700096
Status	Payment received at payment gateway
Transaction DateTime	2021-02-23 16:56:46.604

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27. Once the payment is done, a confirmation message for finishing the payment is displayed.
28. Click on **OK** button. **Print** option is available to take a print out of the challan.

The screenshot displays the Karnataka Government Insurance Department portal. At the top, the header includes the Government of Karnataka logo, the text "Karnataka Government Insurance Department", and the user's name "Pramod SR". A confirmation dialog box is overlaid on the screen, asking "Are you sure you want to finish the payment?" with "OK" and "CANCEL" buttons. A blue callout box points to the "OK" button with the text "Click on OK Button". Below the dialog, the "Initial Deposit Payment" section is active, showing a "Payment Details" form with the following fields:

Field	Value
Receipt Type	Life Insurance
Payment Reference No	CHN_12-01-2021_372_10348
Purpose	KGID_Life Insurance
HOA	8011-00-105-1-01
Initial Amount	2410
DDO Code	120270
Sub Purpose	Initial Deposit
Date	12-01-2021

At the bottom right of the form, there are buttons for "Pay Through KII" and "Print". At the very bottom, there are "Previous", "Save", and "Finish" buttons.

- 29. After payment the following page- **Medical Report (Basic details of the Employee)** is displayed. “Application form, Payment Details and Medical Report” are automatically downloaded in pdf format (Please save the files for future reference / further usage).
- 30. Employee can cross-check the basic details and Click on **Next** to proceed further.

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Government of Karnataka
Karnataka Government Insurance Department

Home New Business Motor Insurance MI Claim Application

Home Designation : Trainee Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

Employee Application

Reference Number : 20210112132202

Application Details Initial Deposit Payment **Medical Report**

1. Basic Details 2. Physical Details 3. Other Details 4. Health Details 5. Doctor Details 6. Declaration

Proposer Name: Pramod SR Full Address: Hassan
Pincode: 576201 Phone: 8975641238
Joining Date of Government Service: 19-12-2020 Present Designation: Trainee
Present Working office: DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE

Previous Save Next

ApplicationForm_1....pdf PaymentDetailsFor....pdf MER_2021011213....pdf

Auto Download of Application form, Payment Details and Medical Report.

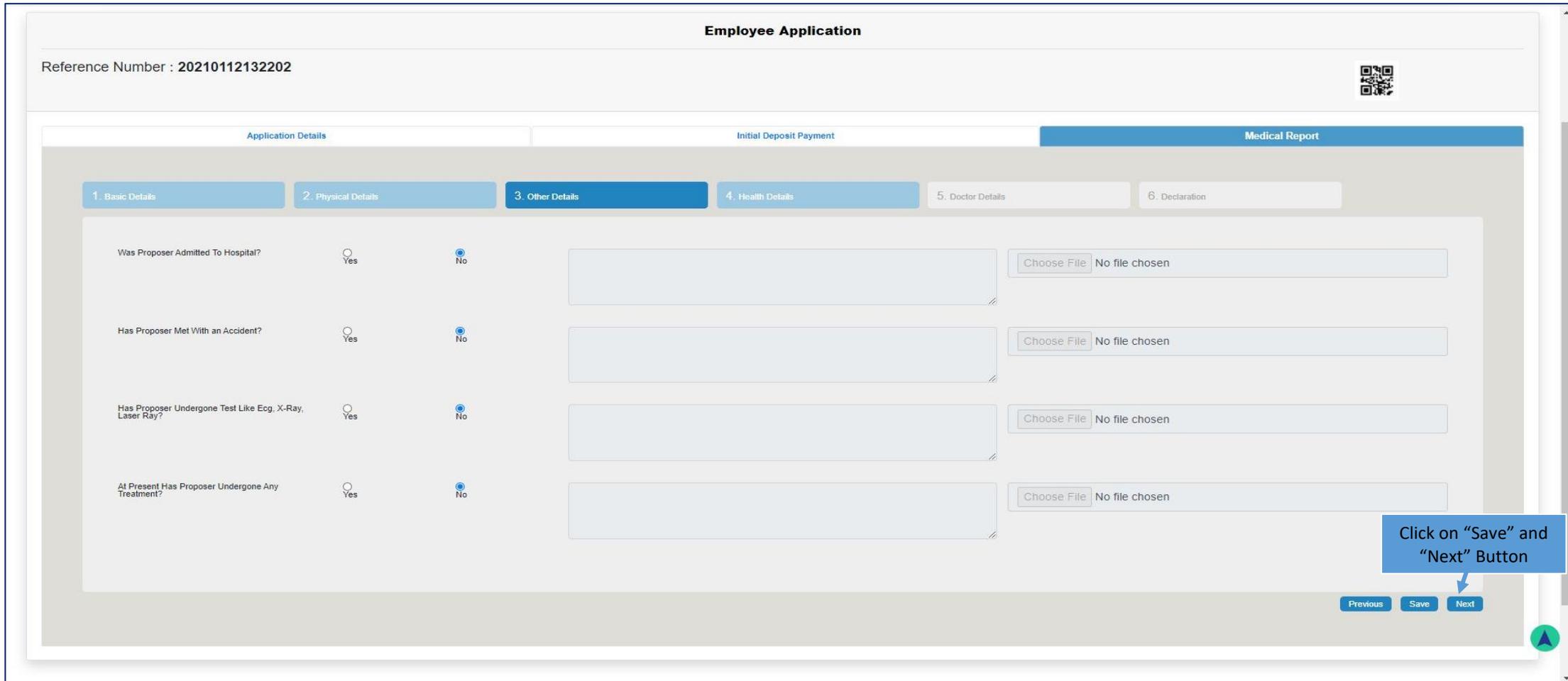
31. Employee needs to fill in the **Physical details (as certified by Doctor)** and then click on **Next** Button.

The screenshot displays the 'Employee Application' form on the Karnataka Government Insurance Department website. The page header includes the department name and navigation links. The form is titled 'Employee Application' and shows a reference number '20210112132202'. The 'Medical Report' section is active, with a sub-section for 'Physical Details' highlighted. The form contains several input fields for physical attributes: Proposer's Height (165), Proposer's Weight (78), Proposer's Pulse Rate (88), Proposer's Breathing Rate (70), Proposer's Blood Pressure (120), and High / Systolic (120). A 'Remarks' field contains the text 'Good'. At the bottom right, there are 'Previous', 'Save', and 'Next' buttons. A blue callout box with an arrow points to the 'Next' button, containing the text 'Click on "Save" and "Next" Button'. The browser's taskbar at the bottom shows several PDF files open.

Field	Value
Proposer's Height (cms)	165
Proposer's Weight (Kgs)	78
Proposer's Pulse Rate (nos./min)	88
Proposer's Breathing Rate (nos./min)	70
Proposer's Blood Pressure	120
High / Systolic	120
Remarks	Good

32. In “Other Details” employee must fill in details about his / her health condition.

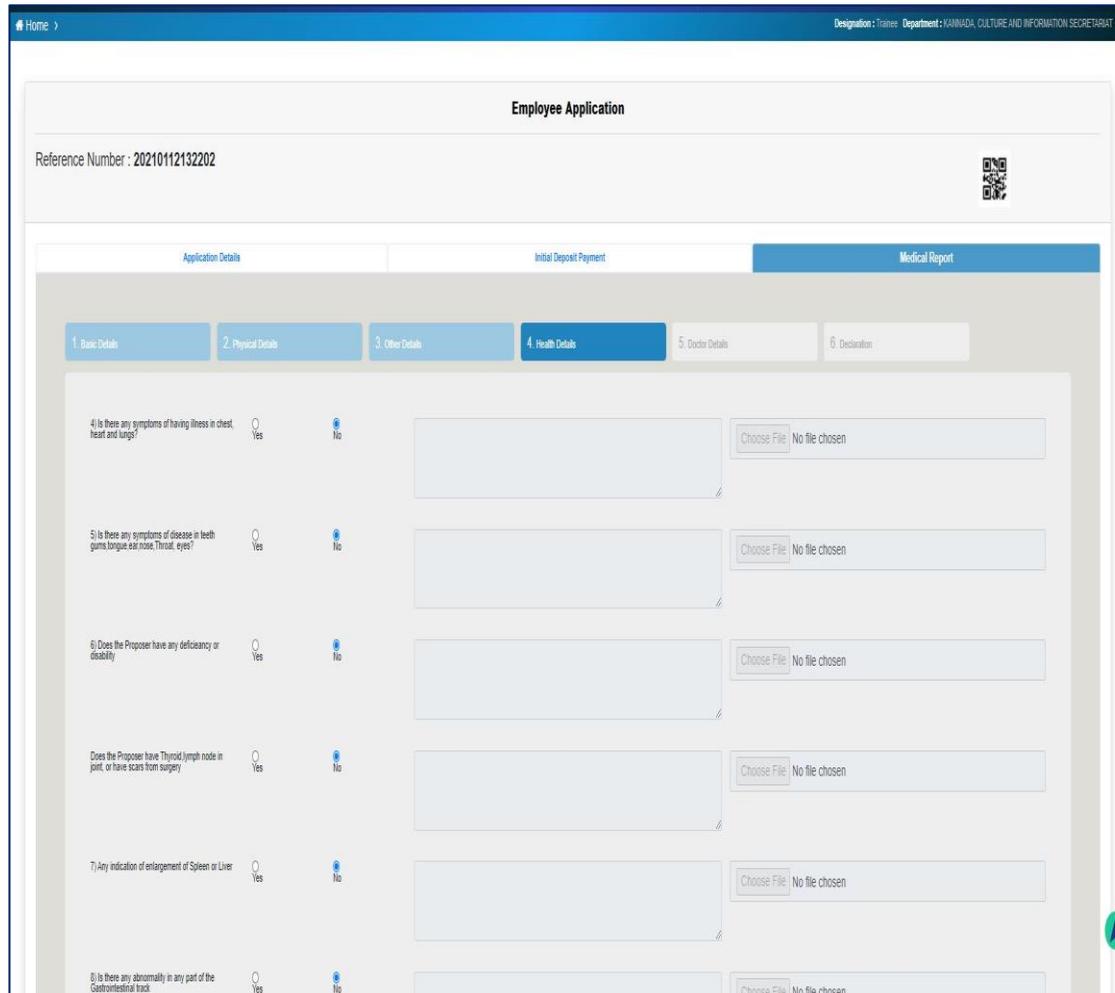
33. The displayed questionnaires need to be answered with **Yes / No** along with the **remarks** and **supporting documents** (incase Yes) and then click on **Next** button.



The screenshot displays the 'Employee Application' form, specifically the 'Medical Report' section. The form is titled 'Employee Application' and shows a 'Reference Number : 20210112132202'. The 'Medical Report' section is highlighted in blue. Below this, there are six steps: 1. Basic Details, 2. Physical Details, 3. Other Details (currently active), 4. Health Details, 5. Doctor Details, and 6. Declaration. The 'Other Details' step contains four questions, each with radio buttons for 'Yes' and 'No', a text area for remarks, and a file upload button labeled 'Choose File' with 'No file chosen' below it. The questions are: 'Was Proposer Admitted To Hospital?', 'Has Proposer Met With an Accident?', 'Has Proposer Undergone Test Like Ecg, X-Ray, Laser Ray?', and 'At Present Has Proposer Undergone Any Treatment?'. At the bottom right, there are 'Previous', 'Save', and 'Next' buttons. A blue callout box with an arrow points to the 'Save' and 'Next' buttons, containing the text 'Click on “Save” and “Next” Button'. A green triangle icon is visible in the bottom right corner of the form area.

34. In “Health Details” employee must fill in details about his / her health condition (as Certified by Doctor).

35. The displayed questionnaires needs to be answered with **Yes / No** along with the **remarks** and **supporting documents** (incase Yes) and then click on **Next** button.



Home > Designation: Trainee Department: KANNADA, CULTURE AND INFORMATION SECRETARIAT

Employee Application

Reference Number : 20210112132202

Application Details Initial Deposit Payment **Medical Report**

1. Basic Details 2. Physical Details 3. Other Details **4. Health Details** 5. Doctor Details 6. Declaration

4) Is there any symptoms of having illness in chest, heart and lungs? Yes No Choose File: No file chosen

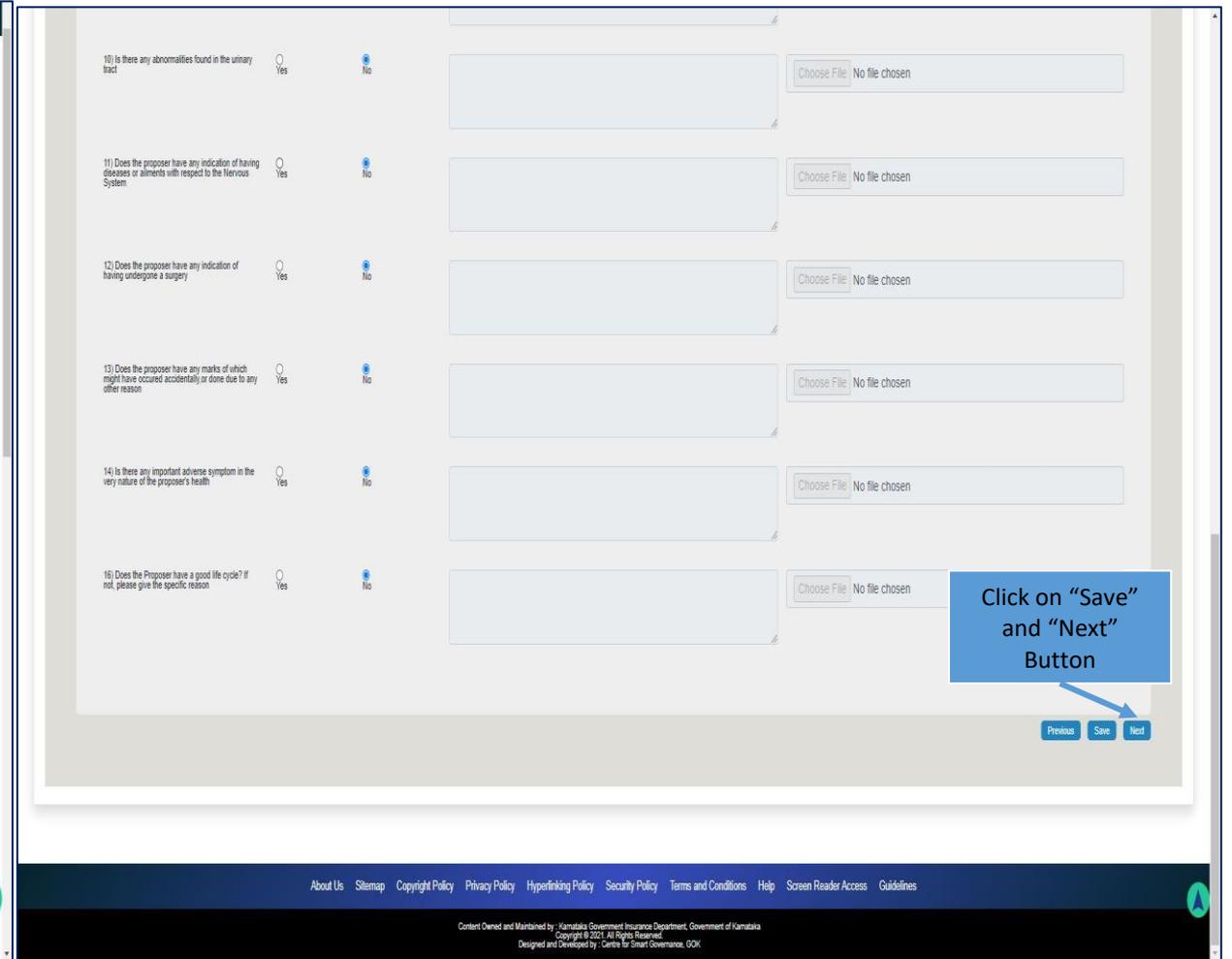
5) Is there any symptoms of disease in teeth, gums, tongue, ear, nose, Throat, eyes? Yes No Choose File: No file chosen

6) Does the Proposer have any deficiency or disability? Yes No Choose File: No file chosen

Does the Proposer have Thyroid lymph node in joint, or have scars from surgery? Yes No Choose File: No file chosen

7) Any indication of enlargement of Spleen or Liver? Yes No Choose File: No file chosen

8) Is there any abnormality in any part of the Gastrointestinal tract? Yes No Choose File: No file chosen



10) Is there any abnormalities found in the urinary tract? Yes No Choose File: No file chosen

11) Does the proposer have any indication of having diseases or ailments with respect to the Nervous System? Yes No Choose File: No file chosen

12) Does the proposer have any indication of having undergone a surgery? Yes No Choose File: No file chosen

13) Does the proposer have any marks of which might have occurred accidentally) or done due to any other reason? Yes No Choose File: No file chosen

14) Is there any important adverse symptom in the very nature of the proposer's health? Yes No Choose File: No file chosen

16) Does the Proposer have a good life cycle? If not, please give the specific reason? Yes No Choose File: No file chosen

Click on “Save” and “Next” Button

Previous Save Next

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36. In “Doctor Details” two options are available-

a) **Within state doctor:** Employee should enter KMC / IMC code. The details are fetched based on the code.

b) **Other state doctor:** All the fields need to be entered manually- KMC/IMC Code, Doctor Name, KGID, Designation, Name of Office, Place of Office.

The screenshot shows the 'Employee Application' form on the Karnataka Government Insurance Department website. The form is titled 'Employee Application' and has a reference number of 20210112132202. The form is divided into three main sections: 'Application Details', 'Initial Deposit Payment', and 'Medical Report'. The 'Application Details' section is further divided into six sub-sections: 1. Basic Details, 2. Physical Details, 3. Other Details, 4. Health Details, 5. Doctor Details, and 6. Declaration. The 'Doctor Details' section is currently active and contains two radio button options: 'Within state doctor' (selected) and 'Other state doctor'. Below these options are several input fields: 'KMC / IMC code' (containing '49164'), 'KGID' (containing '1794429'), 'Name of Office', 'Doctor Name' (containing 'DR MANJA NAIK R'), 'Designation' (containing 'SPECIALIST'), and 'Place of Office' (containing 'DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN D'). At the bottom right of the form, there are three buttons: 'Previous', 'Save', and 'Next'. A blue callout box on the left points to the 'KMC / IMC code' field with the text 'Enter the KMC/ IMC Code'. Another blue callout box on the right points to the 'Save' and 'Next' buttons with the text 'Click on “Save” and “Next” Bu' ton'.

37. In **Declaration tab**, tick the check box and click on finish button. A message is displayed to **submit the Medical reports**, Click on **YES** option.

Government of Karnataka
Karnataka Government Insurance Department

Home New Business Motor Insurance MI Claim Application

Home > Designation: Trainee Department: KANNADA, CULTURE AND INFORMATION SECRETARIAT

Employee Application

Reference Number : 20210112132202

Application Details Initial Deposit Payment **Medical Report**

1. Basic Details 2. Physical Details 3. Other Details 4. Health Details 5. Doctor Details **6. Declaration**

I do hereby declare that the proposal statements and those made by me to the Medical Officer are true to the best of knowledge and belief and that I have not withheld or concealed any circumstance with regard to which information has been required from me. I agree that the statements made by me shall be the basis of the proposed contract for any insurance of my life and that if it shall hereafter appear that I have wilfully made any untrue statements or have fraudulently concealed any circumstance which I ought to have made know, then all the premiums which shall have been paid under the said contract shall be forfeited, and the contract rendered absolutely null and void.

Previous Save **Finish**

Government of Karnataka
Karnataka Government Insurance Department

Home > Designation: Trainee Department: KANNADA, CULTURE AND INFORMATION SECRETARIAT

Submit Medical Form?

Are you sure you want to submit the medical report?

YES NO

Reference Number : 20210112132202

Application Details Initial Deposit Payment **Medical Report**

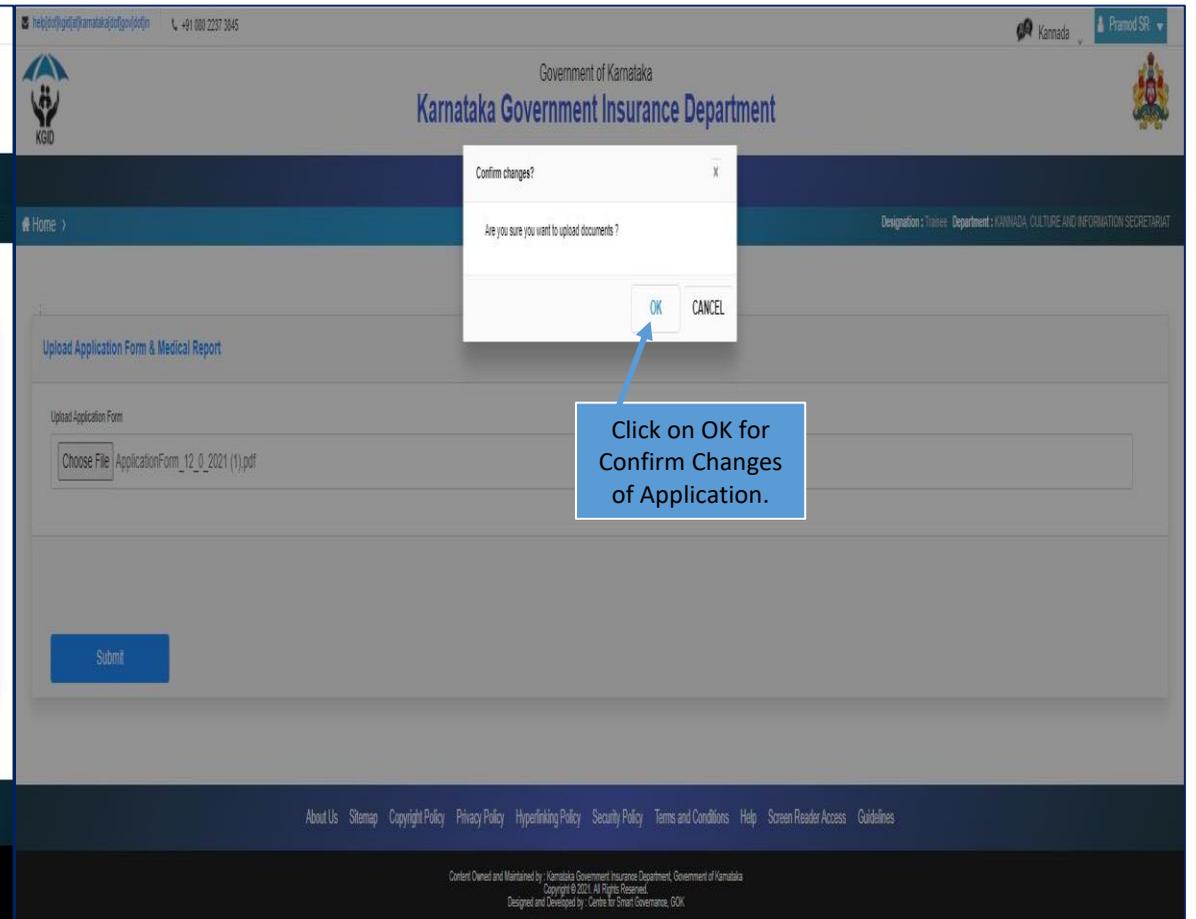
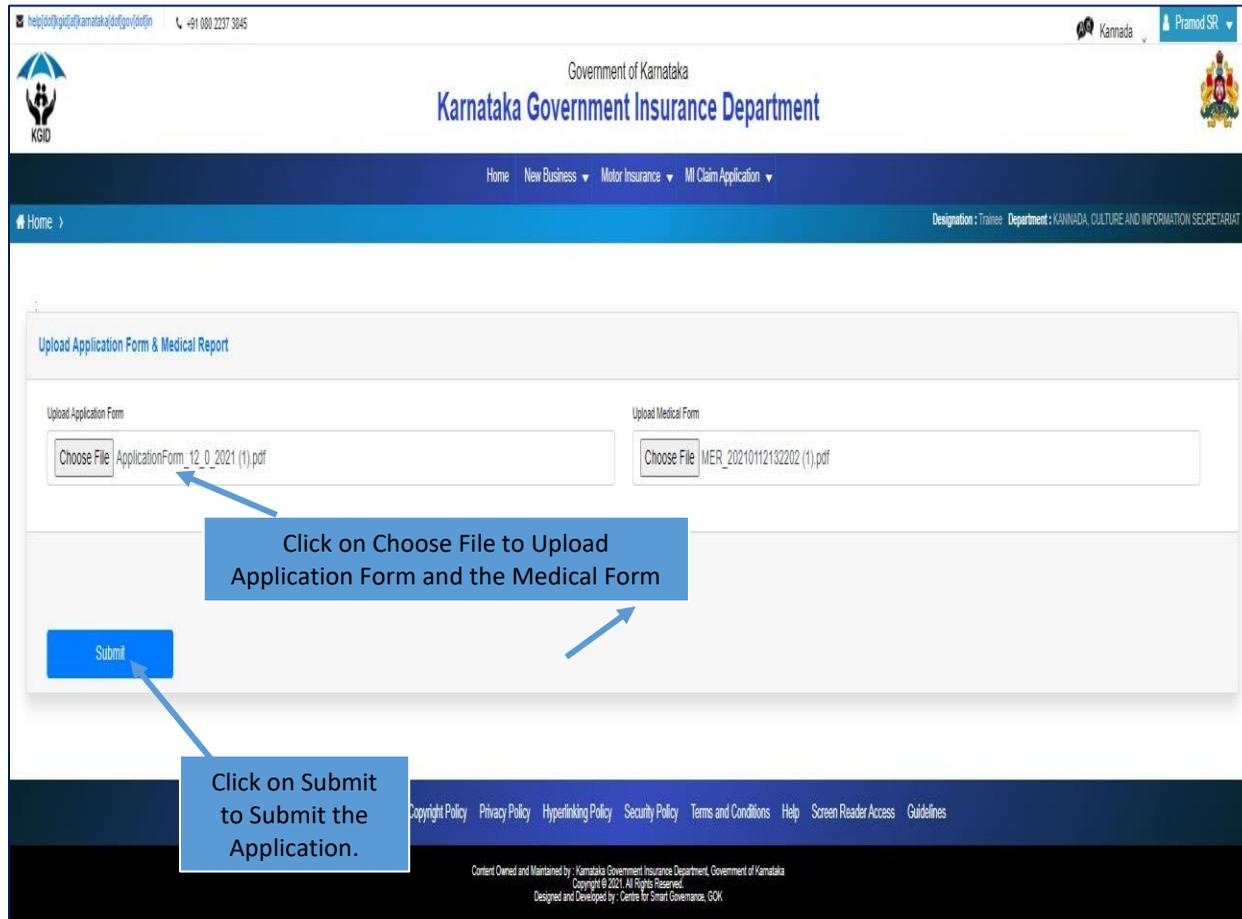
1. Basic Details 2. Physical Details 3. Other Details 4. Health Details 5. Doctor Details 6. Declaration

I do hereby declare that the proposal statements and those made by me to the Medical Officer are true to the best of knowledge and belief and that I have not withheld or concealed any circumstance with regard to which information has been required from me. I agree that the statements made by me shall be the basis of the proposed contract for any insurance of my life and that if it shall hereafter appear that I have wilfully made any untrue statements or have fraudulently concealed any circumstance which I ought to have made know, then all the premiums which shall have been paid under the said contract shall be forfeited, and the contract rendered absolutely null and void.

Previous Save Finish

38. After submission of medical reports, Employee needs to upload the **Scanned copy of Application form (signed by the employee)** and the **scanned copy of Medical form (signed by the Doctor)**.

39. Click on **Submit** option to upload the documents.



40. After submission of Application a “Reference Number” will be generated. This Reference Number is further used to see the Status of the Application.

help[dot]kgid[at]karnataka[dot]gov[dot]in +91 080 2237 3845 Kannada Pramod SR

Government of Karnataka
Karnataka Government Insurance Department

Home New Business Motor Insurance MI Claim Application

Home > View KGID Application Designation : Trainee Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

Application Details

Name	Reference Number	Policy Number	Comments	NB Bond	Status	Action
Pramod SR	20210112132202				Submitted By the Applicant	Cancel Application

Application Reference Number

Application Status