



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

**Life Insurance New Business**

**USER MANUAL**

**Karnataka Government Insurance Department**

**Government of Karnataka**

Prepared by

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Bengaluru - 560025

## 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 "Agency Login" option selected. The login form includes fields for Username, Password, and Captcha, along with a "Login" button and a "Forgot Password?" link. A callout box labeled "Language Option" points to the language dropdown menu. 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. The copyright notice at the bottom states: "Content Owned and Maintained by : Karnataka Government Insurance Department, Government of Karnataka Copyright © 2021. All Rights Reserved."

# Verification and Scrutiny of New Employee Details

## LOGIN PAGE- Director:

1. Select the “KGID Login” Tab.

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 > KGID Login

Life Insurance  
Motor Insurance  
Family Insurance  
Group Insurance

Agency Login  KGID Login  New Employee Login

KGID Number  
Mobile Number

Select the KGID login Tab

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2. Director has to enter his “KGID number” and the mobile number is auto-populated.
3. Click on “Authenticate” Button to get the “OTP”.

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

## Life Insurance..

Login > KGID Login

Life Insurance  
Motor Insurance  
Family Insurance  
Group Insurance

Enter the KGID number

Mobile number is auto-populated

Click on Authenticate button to get OTP

Agency Login  KGID Login  New Employee Login

KGID Number: 1123588

Mobile Number: 70\*\*\*\*\*65

Authenticate

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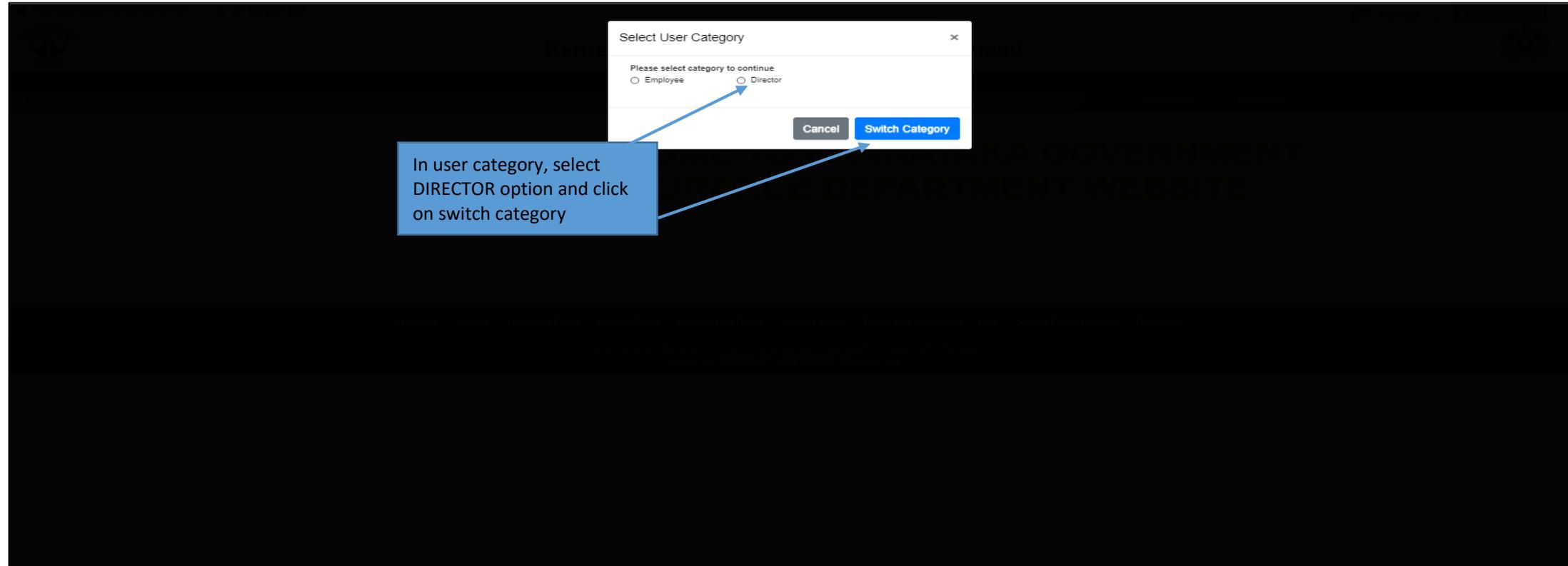
4. Enter the “OTP” and “Captcha” and click on “Login” button.

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 Life Insurance is visible. The main content area features a navigation tree on the left with categories: Life Insurance, Motor Insurance, Family Insurance, and Group Insurance. On the right, a login form is shown with the following fields and buttons:

- Agency Login (unchecked), KGID Login (checked), New Employee Login (unchecked)
- KGID Number: 1123588
- Mobile Number: 70\*\*\*\*\*65
- Authenticate button
- OTP: Enter OTP
- Captcha: 5835
- Enter Captcha
- Login button

Annotations with arrows point to the OTP and Captcha fields, and the Login button, with the text "Enter the OTP and captcha" and "Click on login button".

5. After clicking on Login button, the User Category webpage is displayed. Select the **Director** option.
6. Click on “**Switch Category**”.



7. Select the “Application for verification” tab and then click on “NB Applications for verification”.

The screenshot displays the website for the Karnataka Government Insurance Department (KGID). The header includes the KGID logo, the text 'Government of Karnataka Karnataka Government Insurance Department', and a user profile for 'SAVITRI K'. The main navigation bar contains 'Home', 'Application for verification', and 'Reports'. A dropdown menu is open under 'Application for verification', listing 'NB Applications for verification', 'Loan Applications for verification', 'MI Applications for verification', and 'MI Renewal Applications for verification'. A blue callout box with an arrow points to the 'NB Applications for verification' option, containing the text 'Click on NB Application for verification'. The footer contains various policy links and copyright information.

8. The dashboard displays a report of Processed Applications and the Pending Applications.
9. Applications submitted by employees for verification are displayed.
10. Click on **“View Application”** to open the application submitted by an employee.

Government of Karnataka  
**Karnataka Government Insurance Department**

Home Application for verification Reports

Designation : Trainee Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT KGID

### Submitted Application For Verification

Total Received Applications : 38

Name	Application Reference Number	District	Department	Priority	Status	Action
RANI	20210220145111	Bengaluru (Rural)	KARNATAKA GOVERNMENT INSURANCE DEPARTMENT KGID	New Employee	Pending	<a href="#">View Application</a>

Click on view application

11. Workflow Details of the Applications are displayed.
12. Click on **Next** option to proceed further.

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

### Director Verification

Employee Name :RANI | Application Reference Number :20210220145111

Workflow Details
Application Form
Scrutiny
Uploaded Documents

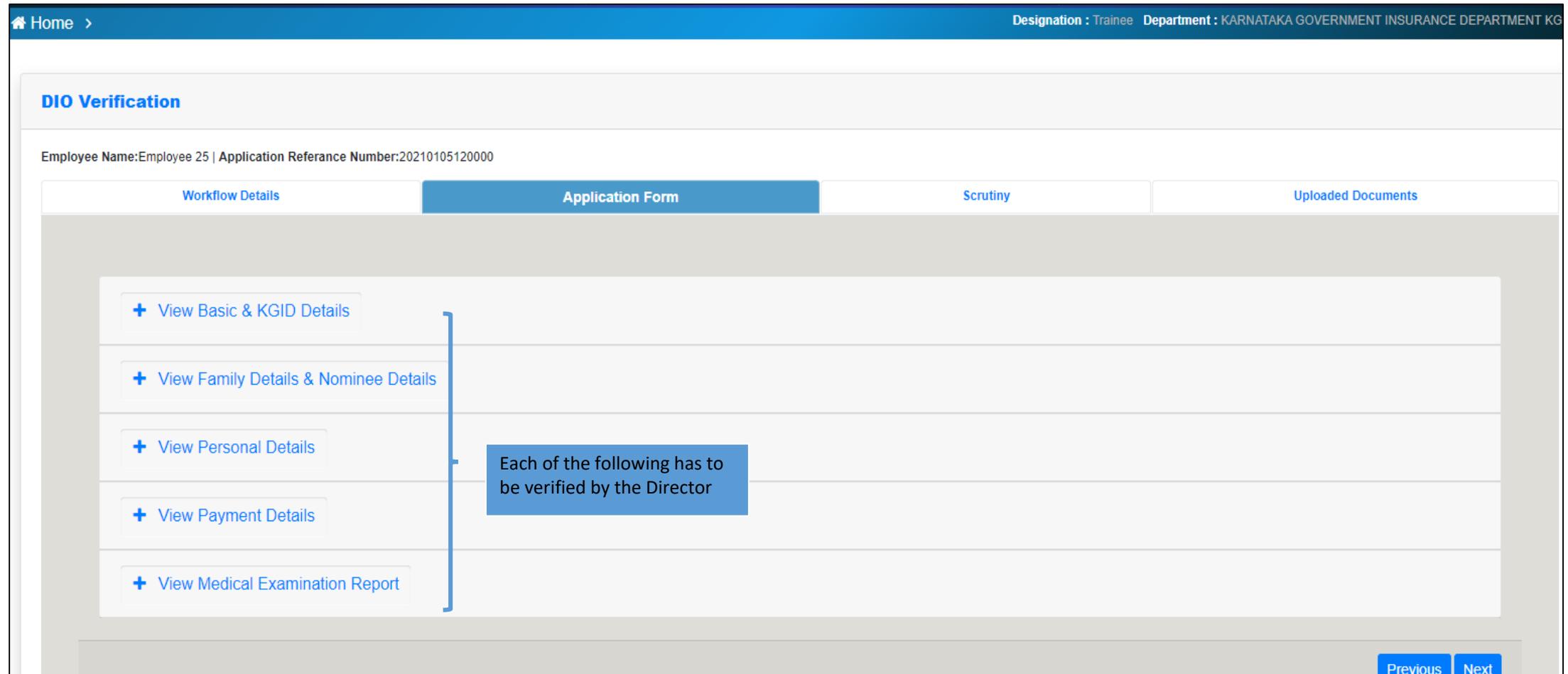
Submitted Date	From	To	Remarks	Comments	Status
20 Feb 2021 15:28:27	Director				Pending
20 Feb 2021 15:28:27	AVG Caseworker	Director			Forward to D
20 Feb 2021 15:28:07	AVG Caseworker	Director			Forward to D
20 Feb 2021 15:26:35	Director	AVG Caseworker	No Correction Found	No Correction Found	Need Health Opinion
20 Feb 2021 15:14:15	Deputy Director	Director	No Correction Found	No Correction Found	Forward to D
20 Feb 2021 15:13:55	Deputy Director	Director	No Correction Found	No Correction Found	Forward to D
20 Feb 2021 15:13:15	Deputy Director	Director	No Correction Found	No Correction Found	Forward to D
20 Feb 2021 15:12:56	Deputy Director	Director	No Correction Found	No Correction Found	Forward to D
20 Feb 2021 15:12:36	Deputy Director	Director	No Correction Found	No Correction Found	Forward to D
20 Feb 2021 15:12:24	Deputy Director	Director	No Correction Found	No Correction Found	Forward to D
20 Feb 2021 15:07:03	DIO	Deputy Director	No Correction Found	No Correction Found	Forward to DD
20 Feb 2021 15:05:42	Superintendent	DIO	No Correction Found	No Correction Found	Forward to DIO
20 Feb 2021 15:04:58	Caseworker	Superintendent	No Correction Found	No Correction Found	Forward to Superintendent
20 Feb 2021 15:03:38	DDO	Caseworker	No Correction Found	No Correction Found	Forward to Caseworker
20 Feb 2021 15:00:27	Applicant	DDO			Submitted By the Applicant

Next

Click on Next Button.

13. Deputy Director has to verify the following details in the Application form:

- \* Basic & KGID Details
- \* Family Details & Nominee Details
- \* Personal Details
- \* Payment Details
- \* Medical Examination Report



The screenshot shows a web application interface for 'DIO Verification'. At the top, there is a navigation bar with 'Home >' on the left and 'Designation : Trainee Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT KG' on the right. Below the navigation bar, the page title 'DIO Verification' is displayed. Underneath, the user information 'Employee Name:Employee 25 | Application Reference Number:20210105120000' is shown. The main content area is divided into four tabs: 'Workflow Details', 'Application Form' (which is currently selected and highlighted in blue), 'Scrutiny', and 'Uploaded Documents'. The 'Application Form' tab contains a list of five items, each with a plus sign icon and a text label: '+ View Basic & KGID Details', '+ View Family Details & Nominee Details', '+ View Personal Details', '+ View Payment Details', and '+ View Medical Examination Report'. A blue bracket on the right side of these items points to a blue text box that says 'Each of the following has to be verified by the Director'. At the bottom right of the page, there are two buttons: 'Previous' and 'Next'.

14. To verify the “Basic Details” & “KGID Details” tick the check box **verify**.

Employee Name:Pramod SR | Application Reference Number:20210208130605

Workflow Details | **Application Form** | Scrutiny | Uploaded Documents

[View Basic & KGID Details](#)

### Basic Details

Proposer Name	:	Pramod SR	Spouse Name	:	
Present Working office	:	DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE	Residential Address	:	Hassan
Father Name	:	Ramesh	Date of Birth	:	01-01-1987
Place of Birth	:	Hassan	Gender	:	Male
Pincode	:	573201	Phone	:	8956472365
Joining Date of Government Service	:	13-12-2020	Permanent / Temporary	:	Permanent
Present Designation	:	Trainee	Present Pay Scale	:	30350.00 - 58250.00
Marital Status	:	Unmarried	Divorce / Remarried	:	N/A
Is spouse government employee?	:	No	Group	:	C
Are you an orphan?	:	No			

### KGID Details

**Employee Pay Scale :** 30350.00 - 58250.00

KGID Premium Details

KGID Policy Number / Application Ref Number	Sanction Date	KGID Premium
20210208130605		2770
<b>Total:</b>		<b>2770</b>

Verify

← Click on Verify →



16. To verify the “Personal Details” tick the check box **verify**.

### Personal Details

Is your health in good condition :	Yes	Height [cms] : 165	Weight [kgs] : 70
Are you married ? If so,	No		

**Details about personal health**

Health Details	Comments	Documents(if any)
On what occasion and for what diseases or injuries have you received medical advice, when and by whom?	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.	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.	No	
Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder ?	No	
Have you ever suffered from Sore-throat, Spitting of blood, Chronic Cough, Asthma, Bronchitis or other diseases of the Lungs ?	No	
Have you ever suffered from Dropsy or diseases of the Liver Kidney or Urinary Organs ?	No	
Have you ever vomited or passed blood or suffered from Diarrhoea, Dysentery or Stomach ache ? If so, since when, how often and how long each time ?	No	
Have you ever suffered from Rheumatic fever or chronic Rheumatism? If so, what joints were attacked? do you suffer from shortness of breath, giddiness or palpitation of heart? If so, since when how often and how long each time ?	No	
Have you ever passed blood, pus, sugar, or albumen in urine? How often do you get up at night to pass urine?	No	
Have you had any other illnesses considered by you to be important or not? If so, give details.	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 ?	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 or what ailments?	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.	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.	No	

**Verify**

Click on Verify

+ [View Payment Details](#)

17. To verify the “Payment Details” tick the check box **Verify**.

Employee Name:Pramod SR | Application Reference Number:20210208130605

Workflow Details | **Application Form** | Scrutiny | Uploaded Documents

+ View Basic & KGID Details

+ View Family Details & Nominee Details

+ View Personal Details

- View Payment Details

### Payment Details

Initial Amount :	1440	Payment Reference No :	4521027890
Purpose :	KGID Premium	Sub Purpose :	Initial Payment
DDO Code :	120270	HOA :	Revenue Head of Account
Date :	12-02-2020		

Verify **Click on Verify**

+ View Medical Examination Report

Previous Next

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18. To verify the “Medical Examination Report” tick the check box **Verify**. Click on **Next** to proceed further.

[View Medical Examination Report](#)

Physical Details

Proposer's Height [Cm] : 165	Proposer's Weight [Kgs] : 70
Proposer's Pulse Rate [No's/Min] : 54	Proposer's Breathing Rate [No's/Min] : 72
Proposer's Blood Pressure : 72	Low / Diastolic : 72
HIGH Systolic : 72	Remarks : good

Other Details

Was Proposer Admitted To Hospital?	No
Has Proposer Met With an Accident?	No
Has Proposer Undergone Test Like Ecg, X-Ray, Laseray?	No
At Present Has Proposer Undergone Any Treatment?	No

Health Details

4) Is there any symptoms of having illness in chest, heart and lungs?	No
5) Is there any symptoms of disease in teeth,gums,tongue,ear,nose,Throat, eyes?	No
6) Does the Proposer have any deficiency or disability	No
Does the Proposer have Thyroid,Lymph node in joint, or have scars from surgery	No
7) Any indication of enlargement of Spleen or Liver	No
8) Is there any abnormality in any part of the Gastrointestinal track	No
9) Does proposer suffer from Hernia?	No
10) Is there any abnormalities found in the urinary tract	No
11) Does the proposer have any indication of having diseases or ailments with respect to the Nervous System	No
12) Does the proposer have any indication of having undergone a surgery	No
13) Does the proposer have any marks of which might have occurred accidentally or done due to any other reason	No
14) Is there any important adverse symptom in the very nature of the proposer's health	No
Does the Proposer have a good life cycle? If not, please give the specific reason	No

Doctor Details

<input checked="" type="radio"/> Within state doctor <input type="radio"/> Other state doctor			
KMC Code :	49164	Doctor Name :	DR.MANJANAIAK.R.
Doctor KGID :	1794429	Designation :	SPECIALIST
Doctor Hospital Name :			
<input checked="" type="checkbox"/> <b>Verify</b>			

Previous
Next

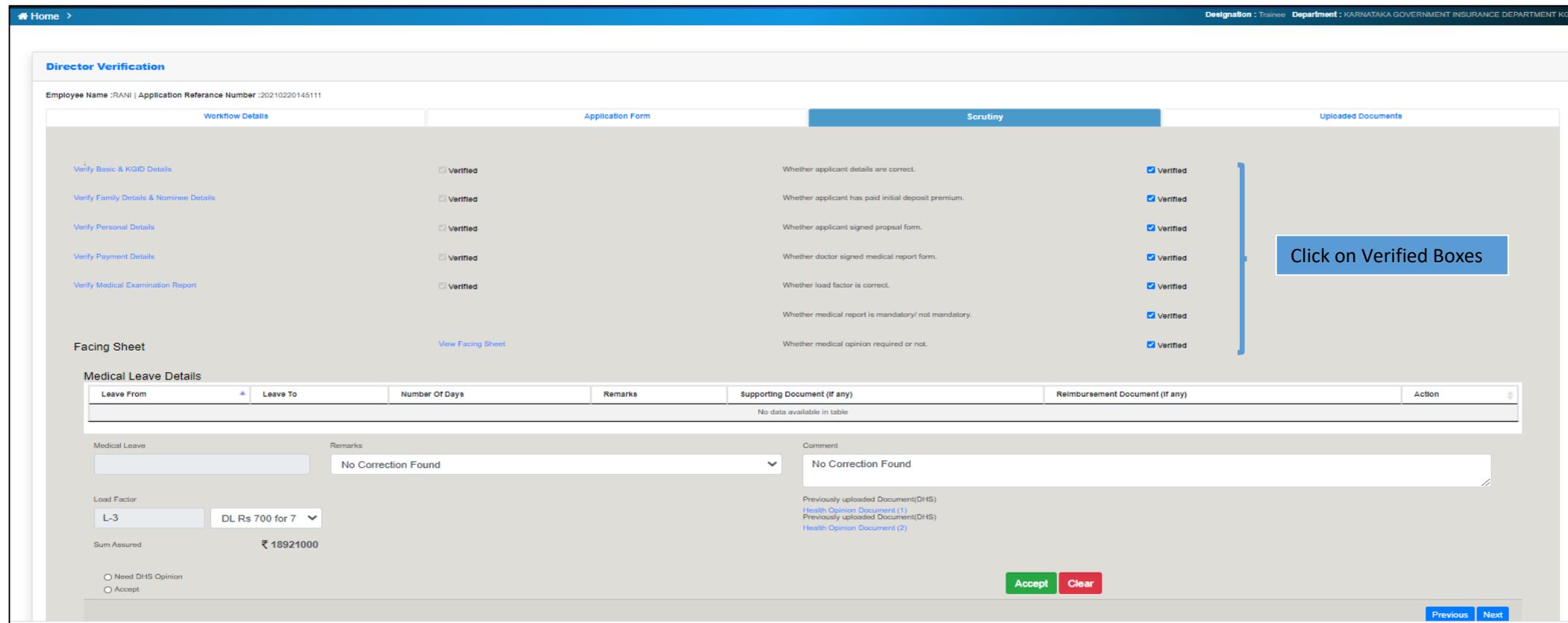
Click on Verify

Click on Next Button

19. In Scrutiny Director has to verify:

- \* Whether applicant details are correct.
- \* Whether applicant has paid initial deposit premium.
- \* Whether applicant signed proposal form.
- \* Whether doctor signed medical report form.
- \* Whether load factor is correct.
- \* Whether medical report is mandatory/ not mandatory.
- \* Whether medical opinion required or not.

20. Tick the check box “Verified”, if the above mentioned details are correct.



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

### Director Verification

Employee Name :RANI | Application Reference Number :20210220145111

Workflow Details Application Form **Scrutiny** Uploaded Documents

Verify Basic & KGID Details	<input checked="" type="checkbox"/> Verified	Whether applicant details are correct.	<input checked="" type="checkbox"/> Verified
Verify Family Details & Nominee Details	<input checked="" type="checkbox"/> Verified	Whether applicant has paid initial deposit premium.	<input checked="" type="checkbox"/> Verified
Verify Personal Details	<input checked="" type="checkbox"/> Verified	Whether applicant signed proposal form.	<input checked="" type="checkbox"/> Verified
Verify Payment Details	<input checked="" type="checkbox"/> Verified	Whether doctor signed medical report form.	<input checked="" type="checkbox"/> Verified
Verify Medical Examination Report	<input checked="" type="checkbox"/> Verified	Whether load factor is correct.	<input checked="" type="checkbox"/> Verified
		Whether medical report is mandatory/ not mandatory.	<input checked="" type="checkbox"/> Verified
		Whether medical opinion required or not.	<input checked="" type="checkbox"/> Verified

Facing Sheet [View Facing Sheet](#)

#### Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)	Action
No data available in table						

Medical Leave:  Remarks:  Comment:

Load Factor: L-3 DL Rs 700 for 7

Sum Assured: ₹ 18921000

Need DHS Opinion  
 Accept

21. In Scrutiny Deputy Director can verify the “Medical Leave Details”.

Home > Designation : Trainee Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT

### Director Verification

Employee Name : RANI | Application Reference Number : 20210220145111

**Workflow Details**

- Verify Basic & KGID Details  Verified
- Verify Family Details & Nominee Details  Verified
- Verify Personal Details  Verified
- Verify Payment Details  Verified
- Verify Medical Examination Report  Verified

[View Facing Sheet](#)

**Application Form**

Whether applicant details are correct.  Verified

Whether applicant has paid initial deposit premium.  Verified

Whether applicant signed proposal form.  Verified

Whether doctor signed medical report form.  Verified

Whether load factor is correct.  Verified

Whether medical report is mandatory/ not mandatory.  Verified

Whether medical opinion required or not.  Verified

**Scrutiny**

**Uploaded Documents**

**Facing Sheet**

[Click here to view the Facing Sheet](#)

**Medical Leave Details**

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)	Action
No data available in table						

Medical Leave:

Load Factor: L-3 | DL Rs 700 for 7

Sum Assured: ₹ 18921000

Need DHS Opinion  
 Accept

Remarks: **No Correction Found**

Comment:

[Previously uploaded Document\(DHS\)](#)  
[Health Opinion Document \(1\)](#)  
[Previously uploaded Document\(DHS\)](#)  
[Health Opinion Document \(2\)](#)

[Previous](#) [Next](#)

22. If the Employee is applicable for the “Load Factor”, it is auto-populated.

23. If the Employee is applicable for the “Decrease Lean (DL)”, it can be selected from the drop-down available.

Home > Designation : Trainee Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT

### Director Verification

Employee Name : RANI | Application Reference Number : 20210220145111

Workflow Details	Application Form	Scrutiny	Uploaded Documents
Verify Basic & KGID Details	<input checked="" type="checkbox"/> Verified	Whether applicant details are correct.	<input checked="" type="checkbox"/> Verified
Verify Family Details & Nominee Details	<input checked="" type="checkbox"/> Verified	Whether applicant has paid initial deposit premium.	<input checked="" type="checkbox"/> Verified
Verify Personal Details	<input checked="" type="checkbox"/> Verified	Whether applicant signed proposal form.	<input checked="" type="checkbox"/> Verified
Verify Payment Details	<input checked="" type="checkbox"/> Verified	Whether doctor signed medical report form.	<input checked="" type="checkbox"/> Verified
Verify Medical Examination Report	<input checked="" type="checkbox"/> Verified	Whether load factor is correct.	<input checked="" type="checkbox"/> Verified
		Whether medical report is mandatory/ not mandatory.	<input checked="" type="checkbox"/> Verified
		Whether medical opinion required or not.	<input checked="" type="checkbox"/> Verified

Facing Sheet [View Facing Sheet](#)

#### Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (If any)	Reimbursement Document (If any)	Action
No data available in table						

Medical Leave:

Remarks:  (Dropdown menu open with options: No Correction Found, Issue in Application Form, Issue in Medical Form, Issue in both Medical and Application form)

Load Factor: L-3 (Auto-populated)

DL: DL Rs 700 for 7 (Dropdown menu)

Sum Assured: ₹ 18921000

Comment: Application correction required

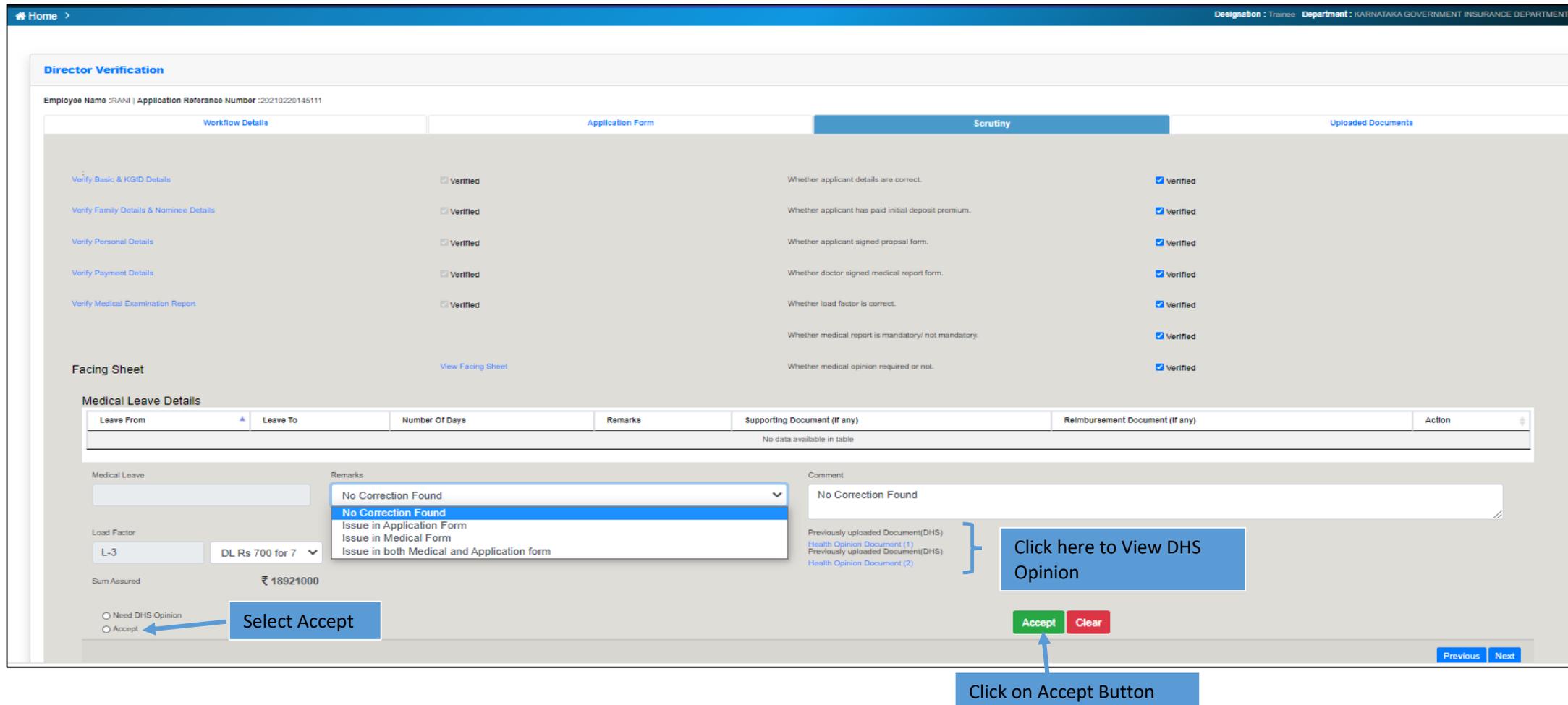
Previously uploaded Document(DHS): Health Opinion Document (1), Health Opinion Document (2)

Buttons: Accept, Clear, Previous, Next

Annotations:

- Load Factor (points to L-3)
- Select the DL (points to DL dropdown)
- Remarks Dropdown (points to Remarks dropdown)

24. Director can view the documents uploaded by DHS by clicking on **Previously uploaded document (DHS)**
25. If Sum Assured Value is more than 20Lakhs, Director can approve the application.
26. If Director wants DHO Opinion then they can select **“Need DHO Opinion”** and it will move to Caseworker Login.
27. After verification, if no corrections are required, Director can accept the application by clicking on **Accept** button.



Home > Designation : Trainee Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT

### Director Verification

Employee Name :RANI | Application Reference Number :20210220145111

Workflow Details Application Form **Scrutiny** Uploaded Documents

Verify Basic & KGID Details	<input checked="" type="checkbox"/> Verified	Whether applicant details are correct.	<input checked="" type="checkbox"/> Verified
Verify Family Details & Nominee Details	<input checked="" type="checkbox"/> Verified	Whether applicant has paid initial deposit premium.	<input checked="" type="checkbox"/> Verified
Verify Personal Details	<input checked="" type="checkbox"/> Verified	Whether applicant signed proposal form.	<input checked="" type="checkbox"/> Verified
Verify Payment Details	<input checked="" type="checkbox"/> Verified	Whether doctor signed medical report form.	<input checked="" type="checkbox"/> Verified
Verify Medical Examination Report	<input checked="" type="checkbox"/> Verified	Whether load factor is correct.	<input checked="" type="checkbox"/> Verified
		Whether medical report is mandatory/ not mandatory.	<input checked="" type="checkbox"/> Verified
		Whether medical opinion required or not.	<input checked="" type="checkbox"/> Verified

Facing Sheet [View Facing Sheet](#)

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (If any)	Reimbursement Document (If any)	Action
No data available in table						

Medical Leave

Remarks: **No Correction Found**

Comment: **No Correction Found**

Previously uploaded Document(DHS)  
Health Opinion Document (1)  
Previously uploaded Document(DHS)  
Health Opinion Document (2)

Load Factor: L-3 DL Rs 700 for 7

Sum Assured: ₹ 18921000

Need DHS Opinion  **Select Accept**

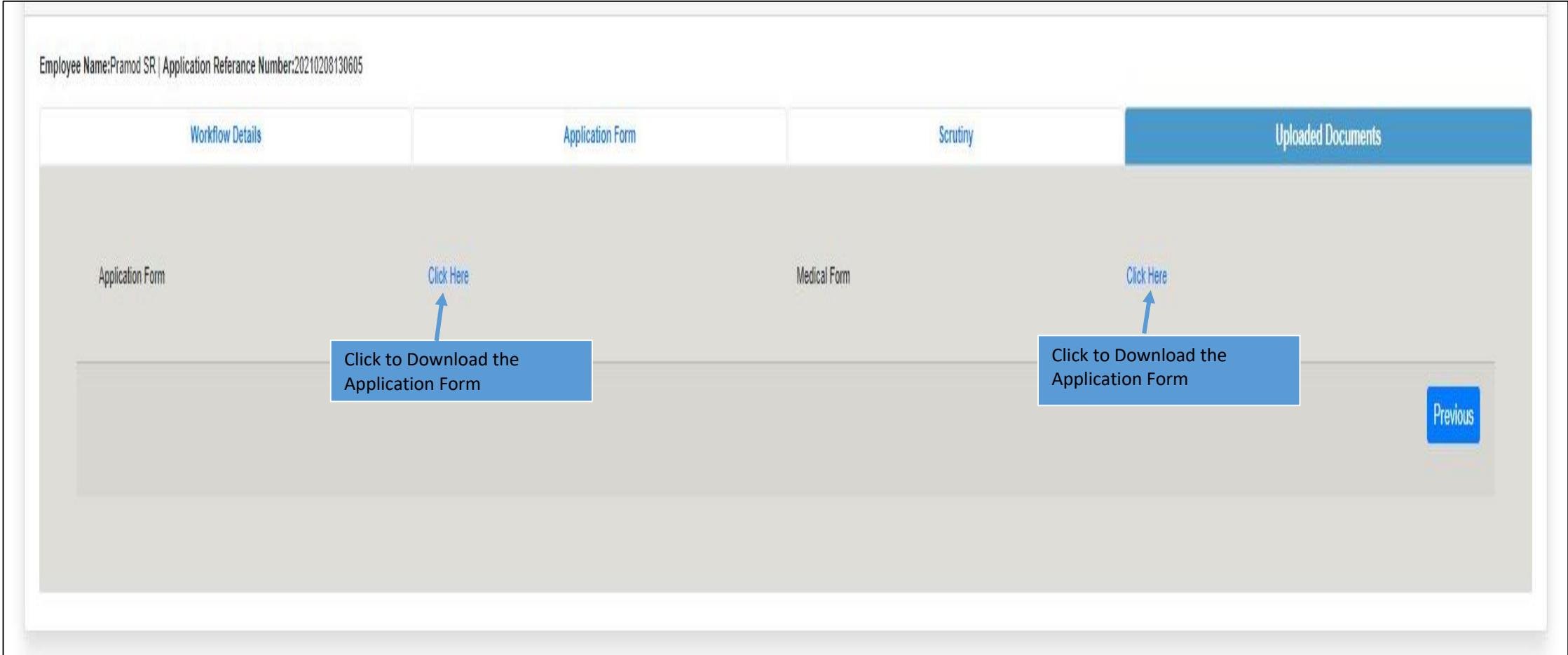
**Accept** **Clear**

**Click here to View DHS Opinion**

**Click on Accept Button**

Previous Next

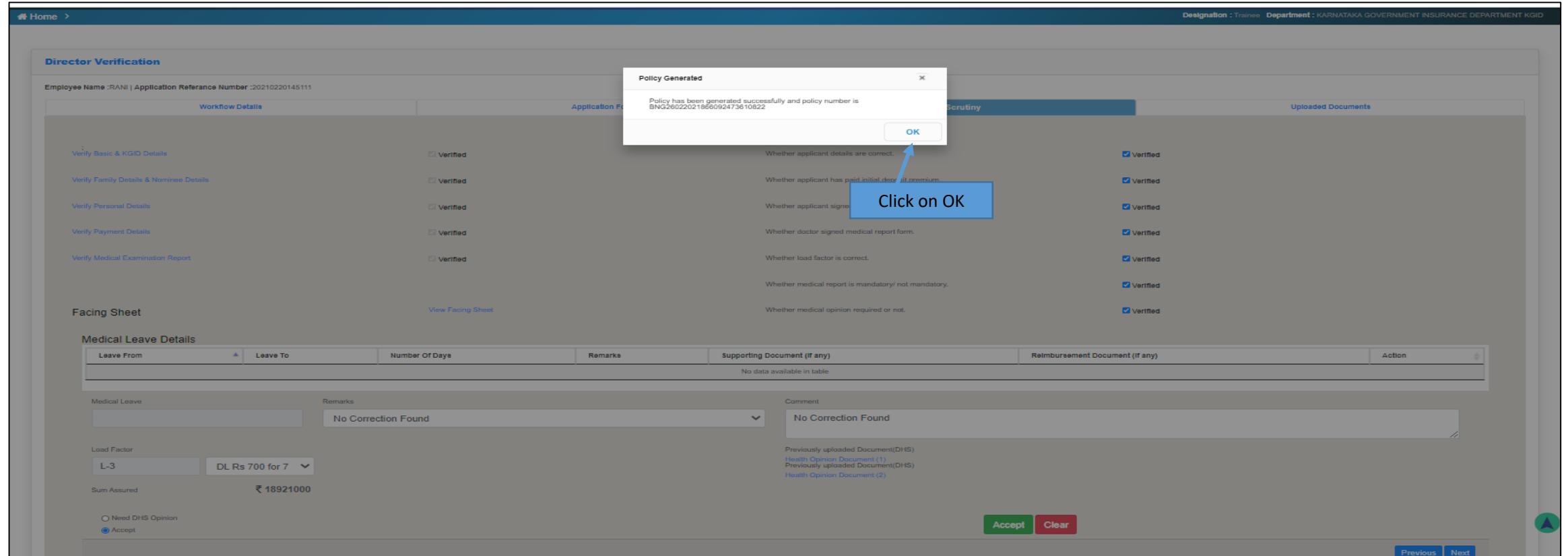
27. DIO can click on “Uploaded Documents” to View and Download the “Application Form” and “Medical Form”.



The screenshot displays a web application interface with the following elements:

- Header: Employee Name:Pramod SR | Application Reference Number:20210208130605
- Navigation Tabs: Workflow Details, Application Form, Scrutiny, and **Uploaded Documents** (highlighted in blue).
- Main Content Area: A large grey rectangular area containing:
  - Text: Application Form
  - Text: Medical Form
  - Two blue callout boxes with arrows pointing to the text above them, each containing the text: "Click to Download the Application Form".
  - A blue button labeled "Previous" located at the bottom right of the content area.

28. Director has to confirm changes before submitting the application, click on “OK” Button.



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

### Director Verification

Employee Name :RANI | Application Reference Number :20210220145111

**Workflow Details**

Verify Basic & KGID Details	<input checked="" type="checkbox"/> Verified	Whether applicant details are correct.	<input checked="" type="checkbox"/> Verified
Verify Family Details & Nominee Details	<input checked="" type="checkbox"/> Verified	Whether applicant has paid initial death premium.	<input checked="" type="checkbox"/> Verified
Verify Personal Details	<input checked="" type="checkbox"/> Verified	Whether applicant signed	<input checked="" type="checkbox"/> Verified
Verify Payment Details	<input checked="" type="checkbox"/> Verified	Whether doctor signed medical report form.	<input checked="" type="checkbox"/> Verified
Verify Medical Examination Report	<input checked="" type="checkbox"/> Verified	Whether load factor is correct.	<input checked="" type="checkbox"/> Verified
		Whether medical report is mandatory/ not mandatory.	<input checked="" type="checkbox"/> Verified
		Whether medical opinion required or not.	<input checked="" type="checkbox"/> Verified

**Facing Sheet** [View Facing Sheet](#)

#### Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)	Action
No data available in table						

Medical Leave:  Remarks:  Comment:

Load Factor: L-3 DL Rs 700 for 7

Sum Assured: ₹ 18921000

Need DHS Opinion  Accept

29. “KGID Policy Number” is generated and the employee will get the notification to his registered mobile number & email id.  
 30. Employee can download “NB Bond” and “facing sheet” in his login.

**DIO Verification**

Employee Name: Pramod SR | Application Reference Number: 20210112132202

Workflow Details

Verify Basic & KGID Details  Verified

Verify Family Details & Nominee Details  Verified

Verify Personal Details  Verified

Verify Payment Details  Verified

Verify Medical Examination Report  Verified

Facing Sheet [View Facing Sheet](#)

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		<a href="#">View Document</a>	<a href="#">View Document</a>

Medical Leave: 6  
 Remarks: No Correction Found  
 Comment: No Correction Found

Load Factor: L-2  
 DL Rs 300 for

Sum Assured: ₹ 573580

Forward to Deputy Director  
 Need DHO Opinion  
 Accept

[Accept](#) [Clear](#) [Previous](#)

Policy Generated

Policy has been generated successfully and policy number is BNG12012021897564123810348

[OK](#)

KGID Policy number has been generated

  
**Karnataka Govt Insurance Dept**

**(LIFE INSURANCE)  
Bangalore**

WHEREAS THE DIRECTOR , KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, OFFICIAL BRANCH , BANGLORE , for and on behalf of the governor of Karnataka (hereinafter called the Insurance Department) has received a Proposal and Declaration for assurance , which proposal and declaration with the statements contained and referred to therein, the insured named in the schedule here to has agreed shall be the basis of the assurance, and has received the first premium for the assurance of the amount and the terms stated in the scheduled.

Now this Policy witnessed that in consideration of the premises and on condition that there shall be duly paid to the insurance department the subsequent premiums as .... for in the said schedule , the insurance department will , upon satisfactory proof that that the sum assured has become payable in the term of the said schedule , be subject and liable to pay the amount thereof , to the person or persons mention in the said schedule are entitled.

This contract is made subject to the following proviso, viz. it shall be void and the payment made by the proposer under it shall be forfeited if the statement contained in the aforesaid proposal and declaration be untrue and it's hereby declared that this policy is granted subject to the rules issued by the government Karnataka related to government servants (Compulsory life insurance) Rules 1956.

**SCHEDULE**  
Date of last Detailed Medical Examination: 05-01-2021

Name and Designation: EMPLOYEE 27, CLERK, DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE	Policy No: BNG10022021362541201510306 Date of Risk: 10-02-2021 Admitted Date of Birth: 23-10-1993
Father Name: FATHER 27 Date of Proposal and Declaration:	Monthly Premium: 1810 Sum Assured: 562910 Month of Final Payment: OCTOBER-2048

Sum Assured Rs. Five Lakh Sixty Two Thousand Nine Hundred Ten Rupees Only  
 Due Date of Subsequent Premium: First day of March and onwards

Event on which sum assured becomes payable : The Insured completing the age of 35 years or at death ,if earlier.

Sl.No	Name	Relationship	Age	Share	GuardianName	Relation
1	FATHER 27	FATHER	37	50	--	--
2	IJ	MOTHER	37	50	--	--

To whom the sum assured is payable : To the insured on his/her completing the age of 55 years or in the event of his/her death earlier to his/her nominee. Nominees registered in the office of director , Government insurance department , and filling such nominees, to the legal heirs of the insured after the production of satisfactory evidence of the death of the insured.  
 In witness whereof these presents has been executed on behalf of and under the direction of the government of Karnataka at Bangalore.

Checked by: Caseworker      Examined By: supdt      For: Director