

GENERAL INSURANCE SCHEME FOR ACTIVE FISHERMEN

Objective :

The scheme is being implemented for active Fishermen by providing insurance cover to the Fishermen who are prone to accidents at sea due to rough weather and other natural calamities. The scheme has been introduced insurance cover to the active Fishermen in the age group of 18 to 60 years.

Extent of Scheme:

The insurance premium of Rs.200/- shall be paid by the Government and by the Life Insurance Company on 50:50 basis.

Under this scheme, the nominee of the deceased Fishermen will receive benefits in the event of death by accident or partial/total permanent disability are as under:-

- On death due to accident Rs. 75,000/- for the nominee.
- Permanent/total disability due to accident Rs. 50,000/-
- Partial disability due to accident Rs.37,500/-

Besides the above, in the event of natural death of member a sum of Rs. 30,000/- will become payable to the nominee.

How to avail:

The prescribed application forms are available in the B.D.O./Fisheries Officer/Fisheries Surveyor and in the Head Office. The applications have to be forwarded through B.D.O./Fisheries Officer duly accompanied with the following documents:

1. Vessel registration certificate.
2. Current net license payment receipt.
3. Birth certificate
4. Election card/ Adhar card



Directorate of Fisheries,
Government of Goa,
Dayanand Bandodkar Marg, Panaji-Goa.
Tel. (0832) 2224838, Fax (0832) 2231049, Email No. dir-fish.goa @ nic.in

APPLICATION FOR GENERAL INSURANCE FOR ACTIVE FISHERMEN

Name of the constituency : _____

SC/ST/OBC/ General /Others/ : _____

1.	Name of the Applicant	
2.	Address	
	H.No. :	Waddo
	Village:	Taluka
3.	Contact No.	
4.	Age (Enclose birth certificate)	
5.	Whether member of the Fisheries Co-operative Society or Welfare Organization, if so please furnish, the name of the Society:-	
6.	Whether applicant possesses any net in his own name:- if yes enclose net licence copy	Yes/No.
7.	Type of net :	Reg. no of Net :
8.	Whether applicant possesses any canoe in his own name:- if yes enclose VRC	Yes/No.
9.	Name & Number of the fishing vessel on which presently working (if):	
10.	Name of the Nominee	
11.	Detailed Address of the Nominee	
12.	Age of the Nominee	
13.	Relationship of the Nominee(s) (with the applicant):-	
14.	Bank details of Nominee Encl. Mandate Form & Bank Passbook copy	

Signature/L.H.T.I of the applicant

DECLARATION

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.

In case the information furnished by me is found to be false then I agree that the application is liable to be rejected.

Date:-

Place: -

Name and Signature of the Applicant

ENCLOSURES:-

1. Vessel registration certificate.
2. Current net license payment receipt.
3. Birth certificate
4. Election card/ Adhar card
5. Mandate form and bank pass book copy

(Incomplete Application shall be rejected)

(For use of Fisheries Surveyor/Officer/A.S.F. at V.P./B.D.O./ Sub Office level

Date of application received in the office:- _____

C E R T I F I C A T E

1) All the necessary documents furnished along with this application have been verified and found in order. All the columns are duly filled in.

Name & Signature of **Fisheries Surveyor.....**

Remark if any

Name & Signature of Fisheries **Officer.....**

Remark if any

FOR USE OF F.S./F.O./A.S.F. AT HEAD OFFICE

The application has been scrutinized along with the documents submitted by the applicant and the application is in order. Further, it is certified that the above applicant is not covered under General Insurance Scheme as per the record maintained by the office.

Remark: 1.....

2.....

Name and signature of dealing hand