



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

GIS CLAIMS- USER MANUAL

FOR DDOs

Karnataka Government Insurance Department

Government of Karnataka

Prepared by

Centre for Smart Governance (CSG)

No. 2A, Hayes Road

Bengaluru - 560025

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GIS CLAIMS – DDO LOGIN

(DEATH CLAIMS)

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Karnataka Government Insurance Department Web

- a) Enter the (https://kgidonline.karnataka.gov.in/).
- b) Select KGID Login tab.





- 1. Select "KGID login" tab.
- 2. DDO has to enter his KGID number and then Mobile number is auto-fetched.
- 3. Click on Generate OTP button to get OTP.





4. Enter the OTP generated to registered mobile number & Captcha and click on Login button.





- 5. After clicking on Login button, the user category webpage is displayed. Select the DDO option.
- 6. Click on Switch category.

	Select User Category		×	Select DDO	
	Please select category to contin Employee Caseworker DIO Director KgidDDO	DD0 Superintendent Deputy Director PaymentMaker PaymentVerifier			INEFIT BEHEME
		Cancel Switch Cate	agory	After selecting DDO, Click o Switch category	on



7. Select Group Insurance tab.





8. In Group Insurance, Select GIS Claims.





- 9. DDO has to enter Employee's KGID number or Mobile number.
- 10. Click on search button.



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- 11. Enter Claim type (Death) and claim sub type in Dropdown.
- 12. Enter Date of death

Wolcomo					
HEMA KUMAR S C	Employee Details	Nominee Details	Ledger Details	Claim Details	Upload Documents
ation for verification 🗸	Application Ref No: 202206211550	030			
tion Lottor	Proposer Name English (As per SSC Memo/Service Record)				
	ABHAY				
Employee Details	Present Working Office				
A = 1 O = W = = = = 4	DISTRICT INSURANCE OFFICER, KARNATAKA GOVER	RNMENT INSURANCE DEPARTMENT, KODAGU			
And Settlements 🗸	Gender		Date of Birth		<i>h</i> :
Basic Details	Male		21/6/1997		
	Group		Phone		
liation Request 🗸 –	C		8123456789		
Insurance 🗸	Email		PAN Number		
	abhayramu@gmail.com		ABHAY1236R		
	Joining Date of Government Service		Permanent / Temporary		
	21/6/2016		Permanent		
	Present Designation		Present Pay Scale		
	SECOND DIVISION ASSISTANT		21400.00-42000.00		
	Claim Type		Claim Sub Type		
	Death	7	✓ Illness		Click on save and Next but
	Date of Retirement/Death/Super Annuation/Dismiss/VRS		7		
	19-06-2022	<			
			ant alaim tuma an Daath alaim.	and the second	Save Next
		Sele	ect claim type as Death, claim s	sub type	
			and Date of death		
					Dataile cavad successfully



13. Click on OK button to fill GIS Ledger details.

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RSC	Employee Details	Nominee Details	Ledger Details	Claim Details	Upload Documents
		Warning!!!	x		
on 🗸	Application Ref No: 20220621155030				
	Proposer Name English (As per SSC Memo/Service Record)	Please fill ledger entries for all mo	onths		
•	ABHAY		ок		
s e	Present Working Office				
	DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNME	ENT INSURANCE DEPARTMENT, KODAGU		Click on OK button	
ř –					
•	Male		21/6/1997		
	c		8123456789		
~			PAN Number		
~ III	abhayramu@gmail.com		ABHAY1236R		
	Joining Date of Government Service				
	21/6/2016		Permanent		
	Present Designation		Present Pay Scale		
	SECOND DIVISION ASSISTANT		21400.00-42000.0	0	
	Claim Type		Claim Sub Type		
	Death		✓ Iliness		
_	19-06-2022				
					Save



14. Select GIS ledger in Group Insurance.

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Construction Construction <th>Welcome, HEMA KUMAR S C</th> <th>Employee Details</th> <th>Nominee Details</th> <th>Ledger Details</th> <th>Claim Details</th> <th>Upload Documents</th>	Welcome, HEMA KUMAR S C	Employee Details	Nominee Details	Ledger Details	Claim Details	Upload Documents
Potential Protect National Control Protect National Control Profest National Account National Control Profest National Control Pro	Cancellation Request	Application Ref No: 202206211	55030			
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Image: Constraint of Constraint Service Permanent / Temporary Image: Second Division Assistant Percent Pay Scale Caim Type Caim Sub Type Death of Retirement/Death/Super Annuation/Demss/VRS Image: Caim Sub Type 19-06-2022 Second Division Caims Service		Select GIS Ledger		PAN Number		
Joining Date of Government Service Permanent / Temporary 21/6/2016 Permanent / Temporary Present Designation Present Pay Scale SECOND DIVISION ASSISTANT 21400.00-42000.00 Claim Type Claim Sub Type Death Claim Sub Type Tabe of Retirement/Death/Super Annuation/Dismiss/VRS 1111es	Motor Insurance	Ŭ		ABHAY1236R		
21/6/2016 Perment Present Designation Present Pay Scale SECOND DIVISION ASSISTANT 21400.00-42000.00 Claim Type Claim Sub Type Death Illness Date of Retriement/Death/Super Annuation/Dismiss/VRS Illness 19-06-2022 Second Sec		Joining Date of Government Service		Permanent / Temporary		
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Claim Type Claim Sub Type Death Illness Date of Retirement/Death/Super Annuation/Dismiss/VRS Illness 19-06-2022 Save		SECOND DIVISION ASSISTANT		21400.00-42000.00		
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19-06-2022 Save		Date of Retirement/Death/Super Annuation/Dismiss/VRS				
Save Save		19-06-2022				
						Save



- 15. DDO has to enter Employee's KGID number or registered Mobile number.
- 16. Click on search button.





17. In dropdown select year, joining year appears as first year (from the joining year).18. Year of Death appears as last year.





19. After selecting year, it will display Ledger entry.

20. DDO has to make changes regarding **Group** of Employee wherever it is necessary.

21. In Ledger Entry DDO can make changes regarding Insurance fund and saving fund.

- 22. Enter '**0'** in which month there are missing credits (i.e. GIS amount isn't deducted).
- 23. Click on save button to save details.

Name:ABHAY					Mobile No:8123456789 DOJ:21/06/2016				First KGID Policy No:	
Select Year	20	16	~		Change Grou	p, wherever it is n	ecessary.		Print Ledger Details	
Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
2016	~	Decem 🗸	с	¥	82	38	0	38	38	
2016	~	Novem 🗸	с	~	82	38	0	38	38	
2016	~	Octobe 🗸	С	~	82	38	0	38	38	
2016	~	Septen 🗸	с	~	82	38	0	38	38	
2016	~	August 🗸	С	~	82	38	0	38	38	
2016	~	July 🗸	С	~	82	38	0	38	38	
2016	~	June 🗸	с	~	82	38	0	38	38	
Note:If there are a 2.Please change t	ote:If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savings Funds in that particular year and month. Please change the Group Details wherever necessary(only in the month of January).									



24. After saving, select next year to check ledger entry.

Welcome, HEMA KUMAR S C	Select Year	2017	¥					Print Ledger Details	(
🖀 Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ~	2017	♥ Decem ♥	с 🗸	82	38	82	38	120	
Intimation Letter	2017	♥ Novem ♥	с 🗸	82	38	82	38	120	
🖵 Upload Employee Details 🛛	2017	✓ Octobe ✓	с •	82	38	82	38	120	
Claims And Settlements Verify Basic Details	2017	✓ Septen ✓	с 🗸	82	38	82	38	120	
Cancellation Request	2017	✓ August ✓	с 🗸	82	38	82	38	120	
🕼 Group Insurance 🗸 🗸 🗸	2017	✓ July ✓	с 🗸	82	38	82	38	120	
🕼 Motor Insurance 🗸 🗸	2017	✔ June ✔	с 🗸	82	38	82	38	120	
	2017	✓ May ✓	с 🗸	82	38	82	38	120	
	2017	✓ April ✓	с 🗸	82	38	82	38	120	
	2017	✓ March ✓	с 🗸	82	38	82	38	120	
	2017	♥ Februa ♥	с 🗸	82	38	82	38	120	
	2017	✓ January ✓	с 🗸	82	38	82	38	120	

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savinos Funds in that particular year and month

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Save

Cancel



Welcome, HEMA KUMAR S C	Select Year	2018	~					Print Ledger Details	
# Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification 🐱	2018 🗸	Decem 🗸	с 🗸	82	38	82	38	120	
Intimation Letter	2018 🗸	Novem 🗸	c •	82	38	82	38	120	
Upload Employee Details 🔹	2018 🗸	Octobe 🗸	с 🗸	82	38	82	38	120	
Claims And Settlements 🗸 🗸	2018 🗸	Septen 🗸	c ~	82	38	82	38	120	
Verify Basic Details	2018 ¥	August 🗸	с у	82	38	82	38	120	
Cancellation Request	2010	, again -						120	
Motor Insurance	2018 🗸	July 🗸	c v	82	38	82	38	120	
	2018 🗸	June 🗸	с •	82	38	82	38	120	
	2018 🗸	May 🗸	с 🗸	82	38	82	38	120	
	2018 🗸	April 🗸	с 🗸	82	38	82	38	120	
	2018 🗸	March 🗸	с 🗸	82	38	82	38	120	
	2018 🗸	Februa 🗸	с 🗸	82	38	82	38	120	
	2018 🗸	January 🗸	c 🗸	82	38	82	38	120	
									Save Cancel

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savings Funds in that particular year and month

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Welcome	Select Year 2	019	~					Print Ledger Details	C 1
HEMA KUMAR S C	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
🖶 Home	2019 🗸	Decem 🗸	c •	180	60	180	60	240	
Application for verification ~	2010	Nevers	0	400	<u></u>	400	CO	240	
Intimation Letter	2019 •	Novem 👻	C ¥	180	60	180	80	240	
🖵 Upload Employee Details 🛛	2019 🗸	Octobe 🗸	с 🗸	180	60	180	60	240	
☑ Claims And Settlements →	2019 🗸	Septen 🗸	с 🗸	180	60	180	60	240	
↓ Verify Basic Details	2019 🗸	August 🗸	c 🗸	180	60	180	60	240	
Cancellation Request	2019 🗸	July 🗸	с •	180	60	180	60	240	
🕼 Motor Insurance 🗸 🗸	2019 🗸	June 🗸	с •	180	60	180	60	240	
	2019 🗸	May 🗸	с 🗸	180	60	180	60	240	
	2019 🗸	April 🗸	с 🗸	180	60	180	60	240	
	2019 🗸	March 🗸	с 🗸	180	60	180	60	240	
	2019 🗸	Februa 🗸	с 🗸	180	60	180	60	240	
	2019 🗸	January 🗸	с •	180	60	180	60	240	

Save Cancel

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savings Funds in that particular year and month.

2.Please change the Group Details wherever necessary(only in the month of January).



Welcome,	Select Year	202	20	×					Print Ledger Details	C
HEMA KUMAR S C	Year *	202	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
☑ Application for verification ∨	2020	~	Decem 🗸	c 🗸	180	60	180	60	240	
Intimation Letter	2020	*	Novem 🗸	c •	180	60	180	60	240	
🖵 Upload Employee Details 🛛	2020	~	Octobe 🗸	с 🗸	180	60	180	60	240	
Claims And Settlements										
🖵 Verify Basic Details 🛛 🛛 🗨	2020	*	Septen 🗸	C ¥	180	60	180	60	240	
Cancellation Request	2020	~	August 🗸	с 🗸	180	60	180	60	240	
🕼 Group Insurance 🗸 🗸	2020	~	July 🗸	с 🗸	180	60	180	60	240	
🕼 Motor Insurance 🗸 🗸	2020	~	June 🗸	с 🗸	180	60	180	60	240	
	2020	*	May 🗸	с 🗸	180	60	180	60	240	
	2020	*	April 🗸	с 🗸	180	60	180	60	240	
	2020	*	March 🗸	с 🗸	180	60	180	60	240	
	2020	*	Februa 🗸	с 🗸	180	60	180	60	240	
	2020	~	January 🗸	c ~	180	60	180	60	240	
										Save

Note If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savinos Funds in that particular year and month



Welcome, HEMA KUMAR S C	Select Year	2021		~						Print Ledger Details	
# Home	Year *	Month	1*	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
${f B}$ Application for verification $ {ullet} $	2021	• D	ecem 🗸	С	*	180	60	180	60	240	
☐ Intimation Letter	2021	✓ N	ovem 🗸	С	*	180	60	180	60	240	
🖵 Upload Employee Details 🌘	2021	~ 0	ctobe 🗸	С	*	180	60	180	60	240	
Claims And Settlements	2021	• S	epten 🗸	с	~	180	60	180	60	240	
Verify Basic Details											
Cancellation Request	2021	✓ A	ugust 🗸	С	~	180	60	180	60	240	
🕼 Group Insurance 🛛 🗸	2021	V JI	uly 🗸	С	~	180	60	180	60	240	
🕼 Motor Insurance 🗸 🗸	2021	✓ JI	une 🗸	С	*	180	60	180	60	240	
	2021	~ №	ay 🗸	С	*	180	60	180	60	240	
	2021	✓ A	pril 🗸	С	*	180	60	180	60	240	
	2021	~ №	arch 🗸	С	~	180	60	180	60	240	
	2021	▼ F	ebrua 🗸	С	~	180	60	180	60	240	
	2021	✔ Jar	nuary 🗸	С	~	180	60	180	60	240	

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savings Funds in that particular year and month.

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Save Cancel



25. After entering Ledger entries of every year, click on save button.

Welcome, HEMA KUMAR S C		And the day		A Laborer	-	NINSU	RANCE	GI	ROUP	BENEFIT SCHEME	
Home	GIS Clair	ms Ledg	ger Entry								
Application for verification 🗸	Name:ABHA	Y				Mobile No:8123456789	DOJ:21/06/2016		First KGID Policy No:		
Joload Employee Details	Select Year	20:	22		Print Ledger Details						
Claims And Settlements	Year *		Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark	
/erify Basic Details ●	2022	~	June 🗸	c v	180	60	180	60	240		
ancellation Request 🗸 🗸	2022	~	May 🗸	с 🗸	180	60	180	60	240		
iroup Insurance 🗸 🗸	2022	~	April 🗸	с 🗸	180	60	180	60	240		
Motor Insurance 🗸 🗸	2022	~	March 🗸	c v	180	60	180	60	240		
	2022	~	Februa 🗸	с 🗸	180	60	180	60	240		
	2022	~	January 🗸	С	✔ 180	60	180	60	240		
	Note:If there are	Save Car Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savings Funds in that particular year and month.									
	2.Please change	2.Please change the Group Details wherever necessary(only in the month of January). Click on save button									
		Content Owned and Maintained by : Karnataka Government Insurance Department, Government of Karnataka Designed and Developed by : Centre for Smart Government, Government of Karnataka									
						Best Viewed in Google Chrome and above a	at resolution 1440 X 597				

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26. After entering GIS Ledger, click on GIS Claims.

Welcome, HEMA KUMAR S C	Sri. Basavaraj Bommai Hon'ble Chief Minister Government of Karnataka		🔕 🛆 🛆 🔺 🧍
Cancellation Request			E
GIS Applications for verification		NNSURANCE	GROUP GROUP FAMILY BENEFIT SCHEME
Applications for verification Nominee Change	GIS Claims Ledger Entry		
GIS Ledger GIS Claims	Name:ABHAY	Mobile No:8123456789 DOJ:21/06/2016	First KGID Policy No:
Claims Application Download Forms	Select Year Select value		Print Ledger Details
 ☑ Motor Insurance ✓ ☑ Reports 	Select GIS claims		
			D



27.DDO has to enter Employee's KGID number or Mobile number.28.Click on search button.



empowering Governance strar-tust stars-re-

29.Click on save and Next button to proceed further.

Application Ref No: 2020621155030 Proper Name English (A per SGD MenuSilendor Record) ABHAY Parent Votation SURRAACE OPPICER KARNATAKA GOVERNMENT INSURAACE DEPARTMENT, KODAGU Grook Grook Grook Grook Grook Grook Grook Balayamu@graati Com Balayamu@graati Com AbHAY 1256R Abing Data of Government Stavica Balayamu@graati Com Abing Data of Government Stavica Permanent I Promented School Division Assistrant Bactoria Bactoria Bactoria Chim Type Chim Type Chim Start School Division Assistrant Chim Start Chim Start Chim Start School Division Assistrant Chim Start School Division Assistrant Chim Start School Division Assistrant School Division Assistrant Chim Start School Division Assistrant Chim Start Chim Start Chim Start School Division Assistrant Chim Start Chim Start Chim Start School Division Assistrant Chim Start	с	Employee Details	Nominee Details	Ledg	er Details	Claim Details	Upload Documents
Application Ref No: 20220621155030 Proper Name English (Ap per SBC Mamoliferine Recent) ABHAY Resert Values English (Ap per SBC Mamoliferine Recent) ABHAY Resert Values English (Ap per SBC Mamoliferine Recent) District In SURANCE OFFICER, KARINATAKA GOVERNMENT INSURANCE DEPARTIMENT, KODAGU Gende Date floth Male 16/1997 Group Panne Comp B12845789 Email ADHAY1205R Jahnyamuggmali com ADHAY1205R Jahnyamuggmali com ADHAY1205R Jahnyamuggmali com Permanenti Second Duivision ASSISTANT 21400 00-42000 00 Claim Type Claim Shar Type Deln Claim Shar Type Tope Tope Type							
Propers Name Englink /A par SSC MemoSlewice Record ABHAY Present Vaniship Olitics DISTICT INSURANCE CEFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, KODAGU Gender Ade Cancer Cancer Cancer Cancer Cancer Bahyramu@gmail.com Abhyramu@gmail.com Abhyramu@gmail.com Ablex1258R Present Dissipation Alder Strint Cancer Bahyramu@gmail.com Alder Strint Alder Strint Present Dissipation Present Dissipation Present Dissipation Present Dissipation Cancer Cancer Cancer Cancer Bahyramu@gmail.com Alder Strint Cancer Present Dissipation Present Dissipation Present Dissipation Present Dissipation Present Dispipation Cancer Present Dispipation Present Dispipation Assistrant Cancer Dispipation Present Dispipation Assistrant Dispipation Present Dispipation Assistrant Present Dispipation Assistrant Dispipation Assistrant Pres		Application Ref No: 202206211	155030				
ABAY Present Working Office DISTRUCT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, KODAGU Gender Date d'alm Made 216/1997 Group Ponos C B123456789 Email PAN Number abayamu@gmail.com PAN Number Joing Did Government Service Permanent / Temporary 216/2016 Permanent / Temporary SECOND DIVISION ASSISTANT Permanent / Temporary Chair hype Chair Observation Service Group Chair Observation Service Gender Permanent / Temporary Chair hype Chair Observation Service Group Outsion Assistrant Date Observation Service Group Outsion Assistrant Chick on Save and Next Duttors Chick on Save and Next Duttors Inside Type Date of Retrement/Destruct/Steper Annuation/Distruct/Steper Annu		Proposer Name English (As per SSC Memo/Service Re	cord)				
Presett Working Office DSTRICT INSURANCE OFFICER. KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, KODAGU Gender Date of Dim Male 216/1997 Group Phone C Staffer	•	ABHAY					
DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, KODAGU Gender Date of Date Made 21/6/1997 Group Phone Coup 812456789 Balay Jamué Ogmail.com ABHA/1236R Jateing Date of Government Service Permanent J Temporary 21/6/2016 Permanent J Temporary Zindo 200 A2000 A00 Zindo 200 A2000 A00 Clean Type Clean Stor Type Dete of Reterment/Death/Super Annuaton/Diemes/VRB Times 19-6-2022 Clean Annuaton/Diemes/VRB		Present Working Office					
Gender Data di bith Male 216/1997 Grup Pione C 812365789 Email PAN Number abhayramu@gmail.com ABHAY123GR Joining Date d Government Service Permanent / Temporary 216/2016 Permanent SECOND DIVISION ASSISTANT Persent Pay Scale Ister Or Beitrement/DeathrStaper Annuation/Demines/VRS Click on Save and Next buttor Integ Click on Save and Next buttor		DISTRICT INSURANCE OFFICER, KARNATAKA	GOVERNMENT INSURANCE DEPARTMENT, KODAGU				
Value Callot value Male 21/6/1997 Group Phone C 8123456789 Email PAN Number abhayramu@gmail.com ABHAY1236R Johing Date of Government Service Permanent / Temporary 21/6/2016 Permanent Present Designation Present Pay Scale SECOND DIVISION ASSISTANT 21/400.00-42000.00 Claim Type Claim Sub Type Death View Date of Retirement/Desity/Super Annuelton/Dismiss/VRS Itense		Conder			Data of Didta		
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C 8123456789 Email PAN Number abhayramu@gmail.com ABHAY1236R Joining Date of Government Service Permanent / Temporary 21/6/2016 Permanent / Temporary Present Designation Present Pay Scale SECOND DIVISION ASSISTANT 21400.00-42000 00 Claim Type Claim Sub Type Death Claim Sub Type Death Claim Sub Type 19-6-2022 11/6-2012		Group			Phone		
Email PAN Number abhayramu@gmail.com ABHAY1236R Joining Date of Government Service Permanent / Temporary 21/6/2016 Permanent Present Designation Permanent SECOND DIVISION ASSISTANT 21400.00-42000.00 Claim Type Claim Sub Type Death Claim Sub Type Integet Retirement/Death/Super Annuation/Dismiss/VRS Illness 19-6-2022 Text Context Conte		C			8123456789		
ABHAY1236R Joining Date of Government Service 21/6/2016 Persent Designation Present Designation Present Designation Present Pay Scale Claim Type Claim Type Death Death Death Date of Retirement/Death/Super Annuation/Dismiss/VRS 19-6-2022		Email			PAN Number		
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SECOND DIVISION ASSISTANT 21400.00-42000.00 Claim Type Claim Sub Type Death Illness Date of Retirement/Death/Super Annuation/Dismiss/VRS 19-6-2022		Present Designation			Present Pay Scale		
Claim Type Claim Sub Type Death Illness Date of Retirement/Death/Super Annuation/Dismiss/VRS 19-6-2022		SECOND DIVISION ASSISTANT			21400.00-42000.00		
Death Dete of Retirement/Death/Super Annuation/Dismiss/VRS 19-6-2022		Claim Type			Claim Sub Type		
Date of Retirement/Death/Super Annuation/Dismiss/VRS 19-6-2022		Death		~	Illness		Click on Save and Next buttor
19-6-2022		Date of Retirement/Death/Super Annuation/Dismiss/VR	S				
		19-6-2022					



- 30. DDO has to add Nominee details.
- 31. Click on save and Next button.

Welcome, HEMA KUMAR S C	<u> </u>	NNS	JRANCE	GRO	UP FAMILY BENEFIT SCHEME
Home		Group Inst	Irance Application for Clai	m	
' Application for verification $ {m u}$	Employee Details	Enter Nominee Nan %of share, Alterna	ne, relation with emplo	Claim Details	Upload Documents
Intimation Letter		/ion share, Alterna		1633	
Upload Employee Details 🛛	Relation		Name of Nominee		
Claims And Settlements 🗸	Date Of Birth		Age		
/erify Basic Details					
Cancellation Request 🗸	% Share	K			
iroup Insurance 🗸 🗸	Contingencies		Malin Nominee Address		
plor Insurance 🗸 🗸	Alternate Nominee Relation Select		Atternate Nominee Name		
	Alternate Nominee Address				
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					Previous Save Next
				Click	on Save and Next button.



32.Ledger entries sheet will appears, once check it.

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		W.	- Aler	- 0-		LIFE		
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			AND DET EXTER SUPERIOR OF PARTY	Group In	surance Application	on for Claim		
-								
	Emp	loyee Details	Nomi	nee Details	Ledger Details	Clair	n Details	Upload Docume
	Sr No	Year Mon	Savings Amt (in ₹)	Insurance Amount(in ₹)	Savings Amt(in ₹)	Insurance Amount (in ₹)	Payable Amt (in ₹)	Missing Credit(in ₹)
	1	2016 June	82.000	38.000	0.000	38.000	0.000	0.000
	2	2016 July	82.000	38.000	0.000	38.000	0.000	0.000
	3	2016 August	82.000	38.000	0.000	38.000	0.000	0.000
	4	2016 September	82.000	38.000	0.000	38.000	0.000	0.000
	5	2016 October	82.000	38.000	0.000	38.000	0.000	0.000
	6	2016 November	82.000	38.000	0.000	38.000	0.000	0.000
	7	2016 December	82.000	38.000	0.000	38.000	0.000	0.000
	8	2017 January	82.000	38.000	82.000	38.000	82.000	0.000
	9	2017 February	82.000	38.000	82.000	38.000	164.000	0.000
	10	2017 March	82.000	38.000	82.000	38.000	246.000	0.000
	11	2017 April	82.000	38.000	82.000	38.000	331.280	0.000
	12	2017 May	82.000	38.000	82.000	38.000	413.280	0.000



33. Click on Save and Next button to proceed further.

Welcome,		57	2021 February	180.000	60.000	180.000	60.000	7563.429	0.000
HEMA KUMAR S C		58	2021 March	180.000	60.000	180.000	60.000	7743.429	0.000
Home		59	2021 April	180.000	60.000	180.000	60.000	8074.697	0.000
7 Ann line king fan werkensking		60	2021 May	180.000	60.000	180.000	60.000	8254.697	0.000
S Application for ventication ↓		61	2021 June	180.000	60.000	180.000	60.000	8434.697	0.000
Intimation Letter		62	2021 July	180.000	60.000	180.000	60.000	8779.790	0.000
Upload Employee Details 🛛 🗨		63	2021 August	180.000	60.000	180.000	60.000	8959.790	0.000
Claims And Sottlements		64	2021 September	180.000	60.000	180.000	60.000	9139.790	0.000
		65	2021 October	180.000	60.000	180.000	60.000	9498.985	0.000
Verify Basic Details		66	2021 November	180.000	60.000	180.000	60.000	9678.985	0.000
🕈 Cancellation Request 🗸 🗸		67	2021 December	180.000	60.000	180.000	60.000	9858.985	0.000
Group Insurance		68	2022 January	180.000	60.000	180.000	60.000	10232.564	0.000
		69	2022 February	180.000	60.000	180.000	60.000	10412.564	0.000
🕈 Motor Insurance 🗸 🗸		70	2022 March	180.000	60.000	180.000	60.000	10592.564	0.000
		71	2022 April	180.000	60.000	180.000	60.000	10980.815	0.000
		72	2022 May	180.000	60.000	180.000	60.000	11160.815	0.000
		73	2022 June	180.000	60.000	180.000	60.000	11341	0
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34. Claims details will display(Savings fund amount and Insurance fund amount will appear in case of Death) 35. Click on Next button.



Page **28** of **54**



36.Download Form-4 and Form-5.37.DDO has to sign in Form-4.38.Nominee has to sign in Form-5

Welcome, HEMA KUMAR S C		<u> </u>
🖀 Home		
Application for verification ~		
Intimation Letter		
🖵 Upload Employee Details 🛛		
Claims And Settlements	Download Form-4	Download Form-5
🖵 Verify Basic Details 🛛 🔹	Permanta Remired Unided	
Cancellation Request		
Group Insurance 🗸	Download From 4	
🕼 Motor Insurance 🗸 🗸	Please upload the scanned copies of all the documents required below	
	Form 5 (*): Choose File No file chosen Death Certificate (*): Choose File No file ch	osen
		Add Other Documents
		Submit
	Content Owned and Maintained by : Karnataka Government Insurance Department, Government of Karnataka	
	Designed and Developed by : Centre for Smart Governance, Government of Karnataka	
	Best Viewed in Google Chrome and above at resolution 1440 X 597	



- 39. DDO has to upload signed copy of Form-5(covering letter as given by nominee) and Death certificate or any other certificates if wherever necessary.
- 40. Click on submit button.

Welcome, HEMA KUMAR S C	
🖨 Home	
$\ensuremath{\mathbb{Z}}$ Application for verification ${{\scriptstyle {\scriptstyle {\scriptstyle {\scriptstyle {\scriptstyle {\scriptstyle {\scriptstyle {\scriptstyle {\scriptstyle $	
Intimation Letter	
Upload Employee Details •	
Claims And Settlements 🗸	
Verify Basic Details	Desuments Required Unleded
Cancellation Request	
Group Insurance 🗸	Download From 4 Download Form 5
🕼 Motor Insurance 🗸 🗸	Please upload the scanned copies of all the documents required below Upload Death certificate/other
	Form 5 (*): Choose File Form-5_21_6_2022.pdf Death Certificate (*): Choose File Form-4_21_6_2022.pdf
	Add Other Docume
	Sub
	Upload signed copy of Form-5
	Click on submit button.
	Content Owned and Maintained by : Karnataka Government Insurance Department, Government of Karnataka Designed and Developed by : Centre for Smart Government of Karnataka
	Best Viewed in Google Chrome and above at resolution 1440 X 597

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41. After verification of GIS Claims application by DDO, below screen appears.

42.DDO can view & print claims details and Annexure-2 will also be generated by clicking Annexure button.

Welcome, HEMA KUMAR S C	Showing 1	to 10 of 16 entries				Previous 1 2 Next) 1
🖶 Home							
${\ensuremath{\mathcal{C}}}$ Application for verification $ \!$	Verified A	pplication					
Intimation Letter						Search:	
Upload Employee Details •	Name		Application Reference Number		÷	÷	
Claims And Settlements	ABHAY		20220621155030	Approved	View Claims Details ANNEXURE		
➡ Verify Basic Details	BABU		20220609125449	Approved	View Claims Details ANNEXURE		
Cancellation Request ~	Dhawan		20220421151312	Approved	View Claims Details ANNEXURE		
	Dimanth		20220524153429	Approved	View Claims Details ANNEXURE		١.
	Harish		20220530113750	Approved	View Claims Details ANNEXURE		
Motor Insurance ~	Jayanth		20220525145457	Approved	View Claims Details ANNEXURE		
	Jayram		20220524131219	Approved	View Claims Details ANNEXURE		
	MANJU		20220426153316	Approved	View Claims Details ANNEXURE		
	Namrath	a	20220604151802	Approved	View Claims Details ANNEXURE		
	PRAMO	D	20220607114152	Approved	View Claims Details ANNEXURE		
	Showing 1	to 10 of 17 entries				Previous 1 2 Next	
			Content Owned and Maintained by : Karnataka Government Insura	ance Department, Government of Karnataka			
			Designed and Developed by : Centre for Smart Govern	nance, Government of Karnataka			
			Best Viewed in Google Chrome and above at	t resolution 1440 X 597			

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 \wedge



43.Annexure can use for Billing/other purpose.44.There are no changes in billing method/process in K2 as of now.

පත්ෘහංතු-2

ವಿಷಯ: ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸೇವಾ ಅವಧಿಯಲ್ಲಿ ಮರಣಹೊಂದಿದ ಪ್ರಕರಣಗಳಲ್ಲಿ, ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಕುಟುಂಬ ಕಲ್ಯಾಣ ನಿಧಿಯ ಮತ್ತು ಕರ್ನಾಟಕ ರಾಜ್ಯ ವೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆ.

ಉಲೆ್ಸ್ ಮಿ ಗೆ.ದಿನಾಂಕ 16-09-1975ರ ಅಧಿಕೃತ ಪ್ಯಾಪನ ಸಂಪ್ಯೆ : ಎಪ್ಡಿ, 102 ವಿಐದಿ 75 2.ದಿನಾಂಕ 21-12-1981 ರ ಅಧಿಸೂಚನೆ ಸಂಪ್ಯೆ : ಎಪ್ಡಿ, 80 ಎಸ್ ಆರ್ ಸಿ/ಸಿಎಸಸಿ) 81 3.ದಿನಾಂಕ 10-12-1985 ರ ಅಧಿಸೂಚನೆ ಸಂಪ್ಯೆ : ಎಪ್ಡಿ, 11 ಎಸ್ ಆರ್ ಸಿ (ಸ-3) 85

ಅದೇಶ ಸಂಖ್ಯೆ 73 ದಿನಾಂಕ 21/6/2022

ಶ್ರೀ / ಶ್ರೀಮತಿ ABMAY (ಪರವಾಮ) ಸಮಂ ತಾರು ದಿನಾಂಕ 1962/022 ರಂದು ನಿರದ ಹೈ.ಎರಿದು, ಇವರ ಸೇವಾಅವಧಿಯಲ್ಲಿ ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮತ್ತು ಚಂದಾಪಾರಣಗ ನಿರಿ ನಿಯಮಗಳು 1950 ಅಧಿಯನ್ನಿ ದಿನಾಂಕ – ದಿಂದ ದಿನಾಂಕ – ಮರೆನಿಗೆ ಅದರ ಸವಸ್ಯನು ಮತ್ತು ಚಂದಾಪಾರಣಗ ಸಾಕಾರಕ್ಕೆ ಸಲ್ಲಿಸಿರುವ ಕುರಿತಿಗಳ ಮೂತ್ರಕ್ಕೆ ಉದ್ದೇವ ರಿದ್ದಿರೆ ಅಧಿತ ತಾಬ್ಬವರ ದಿನಾಂಕ 16-04-195 ರಲ್ಲಿ ಗಿನೆದಿಕವಿಸಿರುವ ಗೇಶಾರದ ಅಂತದಾವರು ಸುಳಗೊಂಡ ಕುರ್ಮಿಷಿ, ಮತ್ತು ದೊ. ಗಗಳು, ಇಲ್ಲದ್ದೂ 2 ರಲ್ಲಿನ ಅಧಿಸುತ್ತಿಗೆ ದಿನಾಂಕ – ಲಲ್ಲಿ ಒಳಗೊಂಡ ಕರ್ನಾಟಕ ರಾಜ್ಯ ಕೌಕರ ಸಾಮಾಹಿಕ ವಿವರಣ ಯೋಪನೆ ನಿಯಮಗಳು 1981 ರ ನಿಯಮ ದಿನಾಂಕ – ಲಲ್ಲಿ ಒಳಗೊಂಡ ಕರ್ನಾಟಕ ರಾಜ್ಯ 1984 ರ ಗತ್ತಿ ಮಾರ್ಕ 16-04 ರ ಮತ್ತು ತೇರೆಯವಾಗ ಬಿಡುಗಳು ಬಿಡುಗಳು ಬರೆಗೆ ಮಾರು ಮುಂದುಕರಿಸಲಾಗಿದ್ದು, ಸದರಿ ಮತ್ತು ಕಿದ್ದೇವ 0-11-1081 ರಿಂದ 31-05-1985 ರ ವರವಿಗೆ ಹೇಡೆ 32 ರೂ. ಗಳಂತ ಬಡಿಯವರಿಸಲಾಗಿದ್ದು, ಸದರಿ ಮೊತ್ತಕ್ಕೆ ದಿವಾಂಕ 10-12-1981 ರಿಂದ 31-05-1985 ರ ವರವಿಗೆ ಹೇಡ 5 20 ರೂ. ಗಳಂತ ಬಡಿಯಮನ್ನು ಸಹ ನಿಡಲವಾಗಿ ಮತ್ತು ಉದ್ದೇವ 32ರನಿಸುವ ಅಧಿನಾಡಗ ದಿನಾಂಕ 10-12-1985 ರ ವರವಿಗೆ ಹೇಡ 19 5 ರೂ. ಗಳಂತ ಬಡ್ಡಿಯನ್ನು, ಸಹ ನಿಡಲವಾಗಿ ಮತ್ತು ಉದ್ದೇವ 32ರನಿಸುವ ಅಧಿನಾಡಗಳು ಮಗಳು ಮಗ- ತಿನಿದು ತಿನಿ- ಇವರಿಗೆ ಕಟಿಯುವ ಆಗ್ರಾಣ ನಿದಿದು ಮತ್ತಾ ಮೊದ ಮತ್ತಾಗೆ ಆರ್ಥಿಗಳಲ್ಲಿ ಗಳನ್ನು ಮದು ಪಾಡತ ತಿನಾದ 10-12-1985 ರಿನಾ 34- ಇವರಿಗೆ ಕಟಿಯುವ

ಹಾಗೂ ಕರ್ದಾಟಕ ರಾಜ್ಯ ಪೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆ ನಿಯಮಗಳು 1981 ರ ನಿಯಮ 5.1 ಮತ್ತು 5.2 ರ ಅಡಿಯಲ್ಲಿ ದಿವರಂತ ಶ್ರೀಮತಿ: ಶ್ರೀ ABHAY (ಪದವಾಪು) ಇವರು ದಿವಾಂಕ 11/2017 ದಿಂದ ದಿವಾಂಕ 1962/022 ರವರೆವಿಗೆ ಒಟ್ಟು 73 ವಿಗಳು ಅವರ ಸದಸ್ಯರ ಮತ್ತು ಅರಂದಾವರರಗಳು ಮತ್ತು ಈ ಕಳಗೆ ಎಂಡಬದಿಯಲ್ಲಿ ಹೇಳಿರುವ ಗ್ರೂಪ್ ಗಳಿಗೆಸುಸಾರವಾಗಿ ಪಂತಿಕೆಗಳನ್ನು ಸಲ್ಲಿಸಿದ್ದು, ಸದರಿ ನಿಯಮಗಳ ನಿಯಮ

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rient's	ದಿನಾಂಕ	01-01-2017 to 19/6/2022
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ri.0.85" 'ಎ)	ದಿನಾಂಕ	

ಗಳು 7 1ರಷ್ಯದು ವಿಮಾ ಮೊತ್ತ ರೂ 240000 (ಅಕ್ಷರಗಳಲ್ಲಿ) Two Lakh Forty Zero Thousand Rupees Only ಗಳನ್ನು. ಮತ್ತು ನಿಲೆಯನು 10 2ರ ಅವ್ಯದು ಉಳಿತಾಯ ಜಾತಿಯ ಮೊತ್ತ ರೂ. 113.0355(ಅಕ್ಷರಗಳಲ್ಲಿ) Eleven Thousand Three Hundred Forty Rupees and Eligit One Fire Palas Only ಗಳನ್ನು ಸೇಡದ 20 ಮಿದ್ದಿಯೊಂದಿಗೆ ದಿವರಗತರ ಪತ್ನಿ ಪತಿ: ಮಗಳು, ಮಗ. ಶ್ರೀಮತಿ, ಶ್ರೀ RAMU, ಇವರಿಗೆ ಮರು ಪಾವತಿ ಮಾಡಲು ಸಹ ಮಂಜುವರಾತಿ ನೀಡಿದೆ.

ಹಾಗೂ ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ಹಣದ ವೆಚ್ಚವನ್ನು ಬೆಕ್ಕ ಶೀರ್ಷಿ 3011-ಇನಷ್ಟೂರನ್ನ ಮತ್ತು ಪರಿಷದಕ ಪಂತ್ ಗರಿಕೆ ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ವಿಮಾ ಪಂಡ್ ಶಂಳಿತಾಯ ವಿಶ್ಲಿ - 007 ಬಟವಾಡ್ ಗೆ ಎಪರ್ಸ್ ಹಾತಕ್ಕೆದ್ದು,

ಹಾಗೂ ಕರ್ನಾಟಕ ರಣ್ಯು ಸೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ಹಣದ ವಚ್ಚವನ್ನು ಲೆಕ್ಕ ಶೀರ್ತಿಕ "80 **ಕರ್ಯಟಿಕಿಯ್ಯ** ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ವಿಮಾ ನಿಧಿ ಒಟವಾಣಿಗೆ ಹಾಗೂ 8011-00-107-0-22-ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ಬಳಿತಾಯ ನಿಧಿ ಒಟವಾಣಿಗೆ ಖರ್ಚಾ ಹಾಕತಕ್ಕೆದನ್ನು.

ಸಹಿ ಮತ್ತು ಪದನಾಮ

1 ಮಹಾಲೇಭಾಪಾಲರು (ಲೆಕ್ಕ ಪತ್ರ ಸಂಗಳೂರು. 2 ನಿರ್ದೇಶಕರು: ಕರ್ನಾಟಕ ಗರ್ಕಾರಿ ವಿಷಣ ಅಲಾಖೆ, ಬೆಂಗಳೂರು. 3 ಆಡಳಿತಾವಿಕಾರಿ, ಕರ್ನಾಟಕ ರಕಾರು, ಕರ್ತರರ ಸಾಮ.ಹಿಕಿಕ ವಿಷಣ ಯೋಜನೆ ಮತ್ತು ಸಣ್ಣ, ಉಳಿತಾಯ -ನಿರ್ದೇಶಗಳಾಲಯ ಬೆಂಗಳೂರು. 4 ಇಲಾಖೆಯ ಲೆಕ್ಕಪಕ್ರಗಳ ವಿಭಾಗ. 5 ಸಂಬಂಧವಟ್ಟಿ ತೆಗಳರು: ಆಧಿಕಾರಿಗಳು.





45. Select Download forms.

Welcome, HEMA KUMAR S C	Sri. Basavaraj Bommai Hon'ble Chief Minister Government of Karnataka			🔊 ಕನ್ನಡ 🎪 HEMA
GIS Applications for verification Applications for verification Nominee Change GIS Ledger GIS Claims Claims Application Download Forms	Applications for Verification		IFE MOTOR	GROUP FAMILY BENEFIT SCHE
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46. DDO can download any GIS Forms(1 to 5) in Download Forms.



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