



(https://kgidonline.karnataka.gov.in) Life Insurance New Business USER MANUAL FOR DDOs

Karnataka Government Insurance Department

Government of Karnataka

Prepared by

Centre for Smart Governance (CSG)

No. 2A, Hayes Road

Bengaluru - 560025

Page **1** of **26**



Karnataka Government Insurance Department Web Page:

- a) Open the web browser.
- b) Enter the URL (http://49.206.243.82:92/).





LOGIN PAGE- DDO:

1. Select the **"KGID Login"** Tab.





- 2. DDO has to enter his "KGID number" and then Mobile number is auto-populated.
- 3. Click on **"Authenticate"** Button to get the OTP.



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4. Enter the "OTP" and "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 Catego	bry	
Please select category t	o continue	
C Employee	1	
	Cancel Switch Category	
In User Category, DDO has to select DDO option and click on Switch Category.		



7. Select the "Upload Employee Details" Tab.





8. Click on "Click here to Download" option to download the Master Data Excel Sheet of Employee details.

9. DDO Code, Dept. Code and the Place of posting are displayed.

lp[dot]kgid[at]karnataka	[dot]gov[dot]in 📞 +91 080	2237 <mark>3</mark> 845							🔊 Kannada	👗 Ujwal 👻
			Karnat	ہ taka Gover	overnment of Karna comment Insu	rance Dep	artment			
		Home	Application for verification 👻	Intimation Letter	Upload Employee Details	Cancellation Reque	st 👻 Motor Insurance	✓ Reports ✓		
me 🔸 Upload Emp	loyee Details							Designation : Assistant Director Department	: KARNATAKA INFORI	MATION COMMISSIC
Master Data Sher Click Here to Dov	et To Upload "Employee Details" Inload	Click on ⁴	"Click here to I	Download"	DDO Co DEPT Co Place Of	de : 12027O ode : 12027O Posting : Bengaluru				
Upload En	nployee Details									
Select File To Up	oad	Choose File No	file chosen							
								Upload	l.	
Jploaded Emplo	yee Details									
ow 10 ♥ entries									Search:	
SL. NO.	Employee Name	Date of Birth	Gender 🔶 Mobile Numbe	r 🍦	Email 🔶	Father Name	÷	Department Name	÷	Action
1	Rocky	24-02-1990	Male 9987456321	salamroo	kybhai@gmail.com	Ramu	KAN	NADA, CULTURE AND INFORMATION SECRETARIAT		Edit Delete
2	Anjali4	17-05-2020	Female 9567841230	Anja	ali114@g.com		KAN	NADA, CULTURE AND INFORMATION SECRETARIAT		Edit Delete
3	Anjali3	14-02-1978	Female 9874563210	Anji	ali113@g.com	Akash	KAN	NADA, CULTURE AND INFORMATION SECRETARIAT		Edit Delete
4	Anjali2	15-02-1983	Female 9517534562	Anji	ali112@g.com	Arjun	KAN	NADA, CULTURE AND INFORMATION SECRETARIAT		Edit Delete
5	Anjali1	22-10-1992	Female 9685741201	Anj	ali111@g.com		KAN	NADA, CULTURE AND INFORMATION SECRETARIAT		Edit Delete
6	Arun4	17-05-2020	Male 8965742103	Aru	in114@g.com		KAN	NADA, CULTURE AND INFORMATION SECRETARIAT	l	Edit Delete



10. The downloaded file "DDO File Upload" excel sheet is displayed below. DDO has to fill in the details of the Employee (all fields are Mandatory).

	5 • ∂• ∓							DDO F	ILE UPLOAD - Excel (Pr	oduct Activation Failed)						٦	3 -	a x
File	Home Insert	Page Layout Formula	s Data Re	view Vi	iew Develop	er 🛛 🛛 Tell r	ne what you want	to do										Sign	in 🎗 Share
Paste	6 Cut Copy + Format Painter	libri • 11 • Á I <u>U</u> • □ • <mark>◊</mark> •			■ Wrap Text □ Merge & Cer	Gene	ral ▼ % 9 (* 0 .00 *0 +.0	Conditional F	ormat as Check Cell	Bad Explanatory	Good <u>Followed</u>	Ne Hy Hy	utral Calc perlink Inpu	ulation + t -	Insert Delete Form	∑ AutoSum ↓ Fill * ℓ Clear *	Sort & Find Filter * Select) & t •	
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R2	* : X	√ <i>f</i> _x C																	۷
A	В	C	D	E	F	G	Н	Í	I	K	L	М	N	0	р	Q	R	S	
1 SLNC	Department Code	Name of Employee	Fathers Name	Gender	Date of Birth	Place of Birth	PAN Number	Mobile Number	Email Address	Date of Appointment	Spouse Name	DDO Code	Date of Joining	Pay Scale	Employment Type	Designation	Group	Place of P	osting
2 1	22A	Pramod SR	Ramesh	Male	13-12-1987	Hassan	akmnh6221e	9845628016	arws@yahoo.co.in	13-12-2020		120270	19-12-2020	25800-51400	Permanent	Trainee	С	- Banga	ore



11. Click on Choose File, browse and select the "DDO FILE UPLOAD" excel file and click on open.

help[dot]kgid[at]karnataka[idot]gov[dot]in +91 080 2237 38	45		Organize 👻 New fo	lder					nada 🔄 🔒 Ujwal	-
			Karnataka	Pramod '	Name V Today (4)	Date modified	Туре	Size	^	2	
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		100000		This PC	PaymentDetailsForm 8 1 2021	08-02-2021 14:4:	3 PDF File	139 KB		A INFORMATION COMM	CCION
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Show 10 ✓ entries							Click on open.		Se	irch:	
SL. NO.	Employee Name	Date of Birth	Gender 🖕 Mobile Number	¢ Er	nail 💠 Father Name	÷	Departmen	Name	÷	Action	÷
1	GAGAN G	7-08-1995	Male 7766554438	GAGAN1@	GMAIL.COM GANESH	1	KARNATAKA GOVERNMENT INSU	RANCE DEPARTMENT KGID		Edit Delete	
2	CHETHAN	30-09-1999	Male 2389732473	xyz@gi	mail.com XYZ		KARNATAKA GOVERNMENT INSU	RANCE DEPARTMENT KGID		Edit Delete	
3	SUNITHA	20-01-1990	Female 8569858584	SUNI@G	MAIL.COM RAMU		KANNADA, CULTURE AND INF	ORMATION SECRETARIAT		Edit Delete	
4	DTSAGDXTAS	8-08-1990	Male 8888887787	YGASYGZG	@GMAIL.COM YBSYGDYAG		KARNATAKA GOVERNMENT INSU	RANCE DEPARTMENT KGID		Edit Delete	
5	BANGALORE URBAN DDO	12-10-1984	Male 9910000005	buddo@	gmail.com Father	1	KARNATAKA GOVERNMENT INSU	RANCE DEPARTMENT KGID		Edit Delete	
6	SADASHIVAPPA	12-10-1983	Male 991000004	SADASHIVAP	PA@gmail.com Father	21	KARNATAKA GOVERNMENT INSU	IRANCE DEPARTMENT KGID		Edit Delete	
7	ROOPAVATHI	12-10-1982	Female 9910000003	ROOPAVATH	H@gmail.com Father	1	KARNATAKA GOVERNMENT INSU	IRANCE DEPARTMENT KGID		Edit Delete	
8	MANJUNATH	12-10-1981	Male 991000002	MANJUNAT	H@gmail.com Eather	(KARNATAKA GOVERNMENT INSI	RANCE DEPARTMENT KOID			



12. After selecting the file click on "Upload button".

		1 080 2237 3845							🔊 Kannada	💄 Ujwal
			Karnat	Ga taka Gover	overnment of Karnata	ance Depa	irtment			20
		Home	Application for verification 👻	Intimation Letter	Upload Employee Details	Cancellation Request	✓ Motor Insurance ✓	Reports 👻		
1e 🔸 Upload Emp	loyee Details							Designation : Assistant Director Department :	KARNATAKA INF	DRMATION COMMISS
Master Data Shee	t To Upload "Employee Det	alls"			DDO Code	: 120270				
Click Here to Dow	nioad				DEPT Code	e : 120270				
					Place Of P	osting : Bengaluru				
Upload Em	ployee Details									
Select File To Uple	bad	Choose File DE	DO FILE UPLOAD.xlsx							
						Aftor	olocting the file	click	1	
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Io entries SL. NO. 1 2 3	yee Details Employee Name Rocky Anjali4 Anjali3	Date of Birth Image: Control of Birth 24-02-1990 17-05-2020 14-02-1978 14-02-1978	Gender Mobile Number Male 9987456321 Female 9567841230 Female 9874563210	r 🔶 salamrock Anja Anja	Email ¢ kybhai@gmail.com lil114@g.com	Father Name Ramu Akash	ad button. Kannadz Kannadz Kannadz	Department Name A, CULTURE AND INFORMATION SECRETARIAT A, CULTURE AND INFORMATION SECRETARIAT A, CULTURE AND INFORMATION SECRETARIAT	Search:	Action Edit Delete Edit Delete Edit Delete
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13. In case of corrections, DDO can "Edit / Delete" the Employee details. After the upload of Employee details by DDO, a message is sent to his registered Mobile number / email id to start filing his application.

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		Home	Application for ver	ification 👻 Inti	mation Letter Upload E	mployee Details	Cancellation Reque	est 👻 Moto	Insurance 👻 Reports 👻	
e 🔸 Upload Emp	oyee Details								Designation : Assistant Director Departme	nt : KARNATAKA INFORMATION COMMIS
Master Data Shee	t To Upload "Employee Details"					DDO Code	: 120270			
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						Place Of Po	osting : Bengaluru			
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10 v entries									Corrections to be made	Saarch:
L. NO. 👙	Employee Name	Date of Birth	Gender 🌲 Mo	bile Number 💧	Email	¢	Father Name	¢	Department Name	Action
1	Pramod SR	13-12-1987	Male 8	975641238	arws@yahoo.co	i.in	Ramesh		KANNADA, CULTURE AND INFORMATION SECRETARIAT	Edit Delete
2	Rocky	24-02-1990	Male 9	987456321	salamrockybhai@gn	iail.com	Ramu		KANNADA, CULTURE AND INFORMATION SECRETARIAT	Edit Delete
3	Anjali4	17-05-2020	Female 9	567841230	Anjali114@g.co	m			KANNADA, CULTURE AND INFORMATION SECRETARIAT	Edit Delete
4	Anjali3	14-02-1978	Female 9	874563210	Anjali113@g.co	m	Akash		KANNADA, CULTURE AND INFORMATION SECRETARIAT	Edit Delete
5	Anjali2	15-02-1983	Female 9	517534562	Anjali112@g.co	Jm.	Arjun		KANNADA, CULTURE AND INFORMATION SECRETARIAT	Edit Delete
6	Aniali1	22-10-1992	Female 0	685741201	Aniali111@g cg	100 Million			KANNADA, CULTURE AND INFORMATION SECRETARIAT	



14. After **Corrections/ Changes** Click on **Save** Button.

Edit employ	yee details							د	×	Kannada 🔪 💄 Ujwal 🚽
Name of employee			Father's name				Spouse name			- Contraction
Pramod SR			Ramesh							
Gender			Mobile number				Email address		irector Department :	KARNATAKA INFORMATION COMMISSIO
Male		~	8956472365				retrit@gmail.com			
Date of birth			Place of birth				Department code			
01-01-1987			Hassan				12C	~		
DDO code			Date of appointment				PAN number			
120270		~	01-12-2020				TSEPH5632E			
Date of Joining Post			Pay Scale Code				Permanent Temporary			
13-12-2020			30350.00-5825	0.00		~	Permanent	~		
Designation			Group				Place of Posting			
Trainee		~	C			~	Hassan			
Is employee active? 🗹						Af Sa	fter Corrections Click on ave Button.	Save Close	Upload	
Show 10 🗸 entries					v. 980-1.94					Search:
SL. NO.	Employee Name	Date of Birth	♦ Gender ♦	Mobile Number	¢ Email		Father Name	Department Name	e	Action 4
1	Pramod SR	1-01-1987	Male	8956472365	retrit@gmail.co	m	Ramesh	KARNATAKA GOVERNMENT INSURANC	E DEPARTMENT KGID	Edit Delete
2	SANJU	21-01-1994	Male	6398745121	SANJU21@GMAIL	.COM	I RAJAPPA	KARNATAKA GOVERNMENT INSURANC	CE DEPARTMENT KGID	Edit Delete
3	GAGAN G	7-08- <mark>1</mark> 995	Male	7766554438	GAGAN1@GMAIL.	сом	GANESH	KARNATAKA GOVERNMENT INSURANC	CE DEPARTMENT KGID	Edit
4	CHETHAN	30-09-1999	Male	2389732473	xyz@gmail.com	n	XYZ	KARNATAKA GOVERNMENT INSURANC	CE DEPARTMENT KGID	Edit Delete
5	SUNITHA	20-01-1990	Female	8569858584	SUNI@GMAIL.C	ом	RAMU	KANNADA, CULTURE AND INFORMA	TION SECRETARIAT	Edit Delete
6	DTSAGDXTAS	8-08-1990	Male	8888887787	YGASYGZG@GMAI	L.CO	M YBSYGDYAG	KARNATAKA GOVERNMENT INSURANC	CE DEPARTMENT KGID	Edit Delete



Verification and Scrutiny of Employee Details

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1. Click on Application for verification and then click on NB Applications for verification.

help(dot)kgid(at)kamataka(dot)g KGID KGID	ov(dol]in 📞 +91 080 2237 3845	Karı	nataka Gover	overnment of Karnatak	a ance Departr	nent	Kannada 🖉 🛓 Ujwal 🤜
	Ho	me Application for verification	on 👻 Intimation Letter	Upload Employee Details	Cancellation Request 👻	Motor Insurance 👻 Reports	 International statements and the second statements
Home > Home Home		NB Applications for veri	ication				Designation : Assistant Director Department : KARNATAKA INFORMATION COMMISSION
	Click on Application for Verification And then click on NB Applications for verification	n for	State	us of Applica	tions		
	About Us	Sitemap Copyright Policy	Privacy Policy Hyperlink	ting Policy Security Policy	Terms and Conditions	Help Screen Reader Access	Guidelines
			Content Owned and Maintained by :) C Designed and D	Karnataka Government Insurance De copyright © 2021. All Rights Reserved Developed by : Centre for Smart Gov	partment, Government of Karnataka ernance, GOK		



- 2. The dashboard displays a report of Processed Applications and the Pending Applications.
- 3. Applications submitted by employees for verification to DDO are displayed.
- 3. Click on "View Application" to open the application submitted by an employee.

		Kar	Government of Karnataka	ent		🖗 Kann	ada Uwal
		Home Application for verificati	on - Intimation Letter Upload Employee Details Cancellation Request - Mote	or Insurance 🛩 Reports 🛩			
3 Applications for verificati	tion	NB Applications for veri	fication		Designation : Assistant Di	rector Department : KARNATAKA	INFORMATION COMMISSION
tted Applicatio	on For Verification						
ſ			Total Received Applications : 52				
		Pending Ap	plications: 11.54%		Processe	ed Applications 46	
			Processed Applications: 88.46%		Pending	Applications 6	
	Pending Application		Processed Applications: 88.46%		Pending Current Status of Applicat	Applications 6	
Name	Pending Application	District	Processed Applications: 88.46% Approved Application Department	Priority	Pending Current Status of Applicat Status	Applications 5	
Name Employee 27	Pending Application Application Reference Number 20210105122905	District Bengaluru (Urban)	Processed Applications: 88.46% Approved Application Department KANNADA. CULTURE AND INFORMATION SECRETARIAT	Priority New Employee	Current Status of Applica Status Pending	Applications 5 tion tion View Application	
Name Employee 27 Employee 30	Pending Application Application Reference Number 20210105122905 20210105150426	District Bengaluru (Urban) Bengaluru (Urban)	Processed Applications: 88.46% Approved Application Approved Application Compartment KANNADA, CULTURE AND INFORMATION SECRETARIAT KANNADA, CULTURE AND INFORMATION SECRETARIAT	Priority New Employee New Employee	Pending Current Status of Applicat Status Pending Pending Pending	Applications 5 tion tion View Application View Application	
Name Employee 27 Employee 30 S1	Pending Application Application Reference Number 20210105122905 20210105150426 20210109185143	District Bengaluru (Urban) Bengaluru (Urban) Bengaluru (Urban)	Processed Applications: 88.46% Approved Application Department KANNADA, CULTURE AND INFORMATION SECRETARIAT KANNADA, CULTURE AND INFORMATION SECRETARIAT KANNADA, CULTURE AND INFORMATION SECRETARIAT	Priority New Employee New Employee New Employee	Pending Current Status of Applicat Status Pending Pending Pending Pending Pending Pending	Applications 5 tion tion View Application View Application View Application	
Name Employee 27 Employee 30 S1 S221092	Pending Application Application Reference Number 20210105122905 20210105150426 20210109185143 2021011110835	District Bengaluru (Urban)	Processed Applications: 88.46%	Priority New Employee New Employee New Employee New Employee New Employee New Employee New Employee New Employee	Pending Current Status of Applicat Status Pending Pen	Applications 5	Click on View Ap
Name Employee 27 Employee 30 S1 S221092 Pramod SR	Pending Application Application Reference Number 20210105122905 20210105150428 20210109165143 20210111110835 2021011112132202	District Bengaluru (Urban) Bengaluru (Urban)	Processed Applications: 88.45% Approved Application Example Apple Application Example Apple Apple Application Example Apple App	Priority New Employee New Employee	Pending Current Status of Applicat Status Pending Pend	Applications 5 tion tion View Application	Click on View Ap



- 4. DDO has to verify the following details in the submitted Applications:
 - * Basic & KGID Details
 - * Family Details & Nominee Details
 - * Personal Details
 - * Payment Details
 - * Medical Examination Report

	Karnataka Gove	Government of Karnataka rnment Insurance Department	
	Home Application for verification - Intimation Letter	Upload Employee Details Cancellation Request - Motor Insurance - Re	sports 👻
ne >			Designation : Assistant Director Department : KARNATAKA INFORMATION COMMISSIC
DDO Verification			
mployee Name:Pramod SR Application Referance Number:202102081306	15		
Workflow Details	Application Form	Scrutiny	Uploaded Documents
View Basic & KGID Details View Family Details & Nominee Details View Personal Details View Payment Details	Each of the following details has to be verified by DDO.		
+ View Medical Examination Report	J		
			Previous Next



5. To verify the **"Basic Details"** & **"KGID Details"** tick the check box **verify**.

me:Pramod SR Application Referance Number:2021020813	605					
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		8	Male
Pincode		573201	Phone			8956472365
Joining Date of Government Service	1	13-12-2020	Permanent / Tempor	iry	:	Permanent
Present Designation	3	Trainee	Present Pay Scale		:	30350.00 - 58250.00
Marital Status		Unmarried	Divorce / Remarried		:	N/A
Is spouse government employee?	1	No	Group		5	с
Are you an orphan?	:	No				
			KGID Details			
Employee Pay Scale : 303	50.00 - 58250.00					
KGID Premium Details						
KGID Policy Number / Application Ref Number				Sanction Date		KGID Premium
20210208130605						2770



6. To verify the **"Family Details" & "Nominee Details"** tick the check box **verify**.

rification											
ame:Pramod SR Application Referance Number	:2021020813060	5									
Workflow Details			Application Form			Scrutin	(Uploaded Documents	
+ View Basic & KGID Details											
- View Family Details & Nomine	e Details										
view ranny betails a ronnine	e Details										
				Fan	nily Details						
				i un	ing becano						
Name of family member	Relation	Date of Birth	Age of Family Member	4 Alive / Dea	ad 🕴 Is Sibling Married	d?	Alive (Health Condition)	đ.	Date of Death	Dead (Death Reason)	\$
Name of family member	Relation Mother	Date of Birth 20-05-1965	Age of Family Member 55	Alive / Dea Alive	ad 🔶 Is Sibling Married	d? ‡	Alive (Health Condition)	÷	Date of Death	Dead (Death Reason)	÷
Name of family member Latha Ramesh	Relation Mother Father	Date of Birth 20-05-1965 25-05-1955	Age of Family Member 55 65	Alive / De: Alive Alive	ad Is Sibling Married N/A N/A	d? 🔶 G G	Alive (Health Condition) OOD ood	4 T	Date of Death	Dead (Death Reason)	\$
Name of family member	Relation Mother Father	Date of Birth 20-05-1965 25-05-1955	Age of Family Member 55 65	Alive / Dealer Alive Alive Alive	ad 🔶 Is Sibling Married N/A N/A N/A N/A	d? 💠 G G	Alive (Health Condition) OOD ood	40	Date of Death	Dead (Death Reason)	\$
Name of family member	Relation Mother Father 0 0	Date of Birth 20-05-1965 25-05-1955	Age of Family Member 55 65	Alive / Dec Alive Alive Alive	ad Is Sibling Married N/A N/A N/A Number of Sister's :	d?	Alive (Health Condition) OOD ood	4	Date of Death	Dead (Death Reason)	\$
Name of family member	Relation Mother Father 0 0	 Date of Birth 20-05-1965 25-05-1955 	Age of Family Member 55 65	Alive / De: Alive Alive	ad Is Sibling Married N/A N/A Number of Sister's :	d? G G	Alive (Health Condition) OOD ood	4	Date of Death	Dead (Death Reason)	\$
Name of family member Latha Ramesh Number of Brother's : Number of Children's :	Relation Mother Father 0 0	Date of Birth 20-05-1965 25-05-1955	Age of Family Member 55 65	Alive / Dec Alive Alive	ad Is Sibling Married	d?	Alive (Health Condition) OOD ood	4	Date of Death	Dead (Death Reason)	\$
Name of family member	Relation Mother Father 0 0	Date of Birth 20-05-1965 25-05-1955 Age of Nominee	Age of Family Member 55 65 Relation	Alive / Dec Alive Alive Alive Nom	ad Is Sibling Married N/A N/A Number of Sister's : incee Details	d? 🛊 G G	Alive (Health Condition) OOD 00	\$	Date of Death	Dead (Death Reason)	\$
Name of family member Latha Ramesh Number of Brother's : Number of Children's : Name of Nominee Latha	Relation Mother Father 0 0	Date of Birth 20-05-1965 25-05-1955	Age of Family Member 55 65 Relation Mother	Alive / Dec Alive Alive Nom	ad Is Sibling Married N/A N/A Number of Sister's : inee Details	d? G G G Name of Guardia	Alive (Health Condition) OOD ood 0	¢	Date of Death	Dead (Death Reason)	\$



7. To verify the **"Personal Details"** tick the check box **verify**.

 View Personal Details 				
		Personal Details		
Is your health in good condition :	Yes	Height [cms] : 165	Wei	ght [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 ye	ou received medical advice, when and by whom?	No		
Has any relative (member of your family) living or, dead, be	en affected with diabetes, Cancer, Gout, Consumption, epilepsy, Insanity, Apo	oplexy, Heart failure ? If so, give particulars. No		
Have you lived in the same house or been associated in an	y way with a person suffering from consumption or any other infectious diseas	ses 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 Live	er Kidney or Urinary Organs ?	No		
Have you ever vomited or passed blood or suffered from D	iarrhoea, 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 F since when how often and how long each time ?	Rheumatism? If so, what joints were attacked? do you suffer from shortness of	of breath, giddiness or palpitation of heart? If so, No		
Have you ever passed blood, pus, sugar, or albumen in unit	ne? 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	s, 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 ailme	ents? No		
[b] Were you medically advised to have a change of place t	for health reasons? If so, give reasons and state when and how long.	No		
Has any proposal on your life been previously made to offic	cial Branch or Life Insurance Corporation, or Postal Insurance, or Hyderabad s	state Life Insurance fund? If so, state. No		



8. To verify the **"Payment Details"** tick the check box **Verify**.

ee Name:Pramod SR Application Refer	ance Number:20210208130605			
Workflow D	etails	Application Form	Scrutiny	Uploaded Documents
View Basic & KGID	Details			
 View Family Details 	& Nominee Details			
 View Personal Deta 	ills			
- View Payment Deta	ills			
		Payment I	Details	
Initial Amount :	1440	Payme	nt Reference No : 4521027890	
Purpose :	KGID Premium	Sub Pu	rpose : Initial Payment	
DDO Code :	120270	HOA	Revenue Head of Account	
Date :	12-02-2020			
Verify	Click on Verify			
 View Medical Exam 	ination Report			
				Previous Next
	About Us Siten	nap Copyright Policy Privacy Policy Hyperlinking Policy Securi	ity Policy Terms and Conditions Help Screen Reader Access	Guidelines

Page **21** of **26**



9. To verify the "Medical Examination Report" tick the check box Verify. Click on Next to proceed further.

Proposer's Height [Cms] : 165	Proposer's Weight [Kgs] : 70		
Proposer's Pulse Rate [No's/Min] : 54	Proposer's Breathing Rate [No's/MI	N] : 72	
Proposer's Blood Pressure : 72	Low / Dystolic : 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, Lasseray?	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,esr,nose,Throat, eyes?	Na		
6) Does the Proposer have any deficiency or disability	Na		
Does the Proposer have Thyroid, lymph node in joint, or have scars from surgery	Na		
7) Any indication of enlargement of Spleen or Liver	Na		
8) is there any abnormality in any part of the Gastrointestinal track	Na		
9) Does proposer suffer from Hernia?	Na		
10) is there any abnormalities found in the utrinary tract	No		
11) Does the proposer have any indication of having diseases or ailments with respect to the Nervous System	Na		
12) Does the proposer have any indication of having undergone a surgery	No		
13) Does the proposer have any marks of which might have accured 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		
Within state doctor Other state doctor			
KMC Code : 49164	Doctor Name :	DR MANJA NAJK R	
Doctor KGID : 1794429	Designation :	SPECIALIST	
Doctor Hospital Name :			Click on Next Button
Verity Click and Marilla			



- 10. In Scrutiny DDO 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
- 11. Tick the check box "Verified", if the above mentioned details are correct.

	r:20210112132202			
- v	Norkflow Details	Application Form		Scrutiny
rify Basic & KGID Details	C Verified	Whether applicant details are correct.	Verified	
arify Family Datails & Nominee Datails	Verified	Whether applicant has paid initial deposit pre	mium. 🔽 Verified	
erify Personal Details	🖾 Verified	Whether applicant signed propsal form.	Verified	
arify Payment Details	🖸 Verified	Whether doctor signed medical report form.	Verified	Tick the check box Verified
erify Medical Examination Report	🖾 Verified	Whether load factor is correct.	Verified	
		Whether medical report is mandatory/ not ma	ndatory.	
		Whether medical opinion required or not.	Verified	
Medical Leave Details				
Medical Leave Start Date:	01-01-2021	Medical Leave End Date:	06-01-2021	
Number Of Leaves Availed:	6	Remarks:		
is Medical Reimbursed?	Yes O No	Medical Reimbursed Document	Choose File PaymentDetailsForm_12_0_20	21.pdf
Is Medical Reimbursed?	Yes O No ave To Number Of Days	Medical Reimbursed Document Add Remarks Supporting Document (if any)	Choose File PaymentDetailsForm_12_0_20 Reimbursement Document (if any)	21.pdf Action
Is Medical Reimbursed?	Yes O No ave To Number Of Days	Medical Reimbursed Document Add Remarks Supporting Document (if any) No data available in table	Choose File PaymentDetailsForm_12_0_20 Reimbursement Document (if any)	21.pdf
Is Medical Reimbursed?	Yes O No ave To Number Of Days	Medical Reimbursed Document Add Remarks Supporting Document (if any) No data available in table Comment	Choose File PaymentDetailsForm_12_0_20 Reimbursement Document (if any)	21.pdf
Is Medical Reimbursed?	Yes No	Medical Reimbursed Document Add Remarks Supporting Document (if any) No data available in table Comment Comment No Correction Found	Choose File PaymentDetailsForm_12_0_20 Reimbursement Document (if any)	21.pdf
Is Medical Reimbursed?	e Yes O No ave To Number Of Days Remarks No Correction Found	Medical Reimbursed Document Add Remarks Supporting Document (if any) No data available in table Comment Comment No Correction Found	Choose File PaymentDetailsForm_12_0_20 Reimbursement Document (if any)	21.pdf
Is Medical Reimbursed?	Yes No	Medical Reinbursed Document Add Remarks Supporting Document (if any) No data available in table Comment No Correction Found	Choose File PaymentDetailsForm_12_0_20 Reimbursement Document (if any)	21.pdf
Is Medical Reimbursed?	Yes No	Medical Reinbursed Document Add Remarks Supporting Document (if any) No data available in table Comment No Correction Found	Choose File PaymentDetailsForm_12_0_20 Reimbursement Document (if any) Send Cloar	21.pdf
Is Medical Reimbursed?	e Yes O No ave To Number Of Days Remarks No Correction Found	Medical Reinbursed Document Add Remarks Supporting Document (if any) No data available in table Comment Comment Consent Co	Choose File PaymentDetailsForm_12_0_20 Reimbursement Document (if any) Sond Clear	21.pdf Action
Is Medical Reimbursed?	e Yes O No ave To Number Of Days Remarks No Correction Found	Medical Reimbursed Document Add Remarks Supporting Document (if any) No data available in table Convent Co	Choose File PaymentDetailsForm_12_0_20 Reimbursement Document (if any) Send Clear	21.pdf Action



12. DDO can also update the "Medical Leave Details" of the employee along with the Supporting document (supporting document is not mandatory).

13. Upload a supporting document for Medical Reimbursement.
 14. Click on "Add" Button.

Workflow Details						
			Application Form		Scrutiny	
y Basic & KGID Details	C Verified		Whether applicant details are correct.	Verified		
y Family Details & Nominee Details	Ci Verified		Whether applicant has paid initial deposit premium.	Verified		
ly Personal Details	Ca Verified		Whether applicant signed propsal form.	Verified		
ly Payment Details	22 Verified		Whether doctor signed medical report form.	Verified		
Ty Medical Examination Report Enter the N	Aedical Verified		Whether load factor is correct.	Verified		
leave taker	by the		Whether medical report is mandatory/ not mandatory.	Verified		
Employee			Whether medical opinion required or not.	Verified		
Aedical Leave Details						
Medical Leave Start Date: 01-	01-2021		Medical Leave End Date:	06-01-2021		
Number Of Leaves Availed			Remarks			
0						
Supporting Document: Choose	se File PaymentDetailsForm_11_0_2021 (1	1).pdf			Click on choose file	
Is Medical Reimbursed?	O No				to upload Medical	
-			Medical Reimbursed Document	Choose File PaymentDetailsForm_12_0_202	Reimbursed	
			Add		Document	
					Doedment	
Leave From Leave To	Number Of Days	Remarks	Supporting Dor ument (if any)	Reimbursement Document (if any)	Action	6
	15		No data ; vailable in table			
Medical Leave Rem	arks		Comment			
N	o Correction Found		Also Constanting Frankl			
			Click on ADD Button			11
O Forward to KGID Office				Send Clear		



15. Once the Medical Leave Details are updated, DDO can Send back to Employee for any corrections / clarifications by selecting the "Remarks" and providing a comment in "Comment Box".

If no corrections are required, then the DDO can forward to KGID office.

e Name:Pramod SR Application Referance Number:2021	112132202				
Workfle	w Details		Application Form		Scrutiny
enty Basic & KGID Details	C Verified		Whether applicant details are correct.	Verified	
erify Family Details & Nominee Details	C Verified		Whether applicant has paid initial deposit	premium.	
erify Personal Details	🖾 Verified		Whether applicant signed propsal form.	Verified	
erify Payment Details	Verified		Whether doctor signed medical report for	m. Verified	
erify Medical Examination Report	🖾 Verified		Whether load factor is correct.	Verified	
			Whether medical report is mandatory/ not	mandatory. Verified	
			Whether medical opinion required or not.	Verified	
Medical Leave Details					
Medical Leave Start Date:	DD-MM-YYYY		Medical Leave End Date:	DD-MM-YYYY	
Number Of Leaves Availed:			Remarks:		
Supporting Document:	Choose File No file chosen				
Is Medical Reimbursed?	O Yes 💿 No				
			Add		
Leave From Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)	Action
01-01-2021 06-01-2021	6		View Document	View Document	Edit Delete
Medical Leave	Remarks	ck on Remarks	Comment		
6	Issue in Application Form	/	 Application correction reg 	quired	
	No Correction Found		A		11
	Issue in Application Form				
O Sand Back to Evolution	Issue in Medical Form				
	Issue in Medical Form				



16. DDO can click on **"Uploaded Documents"** to View and Download the **"Application Form"** and **"Medical Form"**.

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KGID	Karnataka Gove	Government of Karnataka	
	Home Application for verification 👻 Intimation Letter	Upload Employee Details Cancellation Request - Motor Insurance -	Reports 👻
# Home >			Designation : Assistant Director Department : KARNATAKA INFORMATION COMMISSION
DDO Verification			
Employee Name:Pramod SR Application Referance Number:20210208130605			
Workflow Details	Application Form	Scrutiny	Uploaded Documents
Application Form	Click Here	Medical Form	Click Here
Click to Dow Application	nload the Form	Click to I Medical	Download the Previous