

Form Serial No (FSN) :

**Co-operative Department, Govt. of Bihar, Patna**

**Farmer's Profile**

A	Personal Details						
1	Name of Farmer					Affix Photo	
2	Father/ Husband's Name						
3	Date of Birth (DD-MM-YYYY)	Gender	Marital Status	Religion	Reservation Category		
4	Identity Certificate			PACS Membership Details			
	Type	Number	Date of Issue (DD-MM-YYYY)	PACS Registration No. & Date (DD-MM-YYYY)	Membership No.	Date of Issue (DD-MM-YYYY)	
B	Bank Details (for direct transfer of benefits)						
5	Bank Name	IFSC or Branch details (as for RTGS/NEFT)		Bank A/c No. (15 digits as for RTGS/NEFT)		Type	
C	Contact Details						
6	Address						
	Circle			District			
				Pin			
7	Phone No. with STD code			Mobile	E-mail		

D Family Details (mandatory for Health Insurance beneficiaries- select maximum 4 persons out of which maximum 2 adults)								
8	Name	Relation (with the Farmer)	Date of Birth (DD-MM-YY)	Gender	ID. Type	ID. No.	Marital Status	Select Beneficiaries
8.1								<input checked="" type="checkbox"/>
8.2								<input checked="" type="checkbox"/>
8.3								<input checked="" type="checkbox"/>
8.4								<input checked="" type="checkbox"/>
8.5								<input type="checkbox"/>
8.6								<input type="checkbox"/>
8.7								<input type="checkbox"/>
8.8								<input type="checkbox"/>
D Land Details (mandatory for Crop Insurance)								
9A	District	Revenue Circle	Mauza Name	Revenue Thana No.	Khata No.	Khesara No.		
9A.1								
9A.2								
9A.3								
9A.4								
9B	Name of Khata Dhari	Relation (with the Farmer)	Boundaries (E/W/N/S)	Total Area	Area of Farmer's Share	Land Type		
9B.1								
9B.2								
9B.3								
9B.4								
E Income Details (optional)								
10	Income Level	Gross Annual Family Income (Amount in Rs.)		Income Certificate Issued by		Certificate No. & Date		
	Above DPL							

F	Procurement Details of the Farmer in the last Financial Year (mandatory for Crop Insurance)						
11	Crop Season	Procured by (Quantity in Quintal)					Total
		PACS	SFC	FCI	Other		
11.1	Kharif						
11.2	Rabi						
12	Crop Season	Procured by (Amount in Rs.)					Total
		PACS	SFC	FCI	Other		
12.1	Kharif						
12.2	Rabi						
12.3	Total						
F	Last Insurance Details						
13	Insurance Head	Insurance Company	Insured Product	Premium Paid	Sum Insured	Amount Claimed	Claimed settled
13.1	Rabi		Gram				
			Wheat				
			Mustard				
			Maize				
			<b>Total</b>				
13.2	Kharif		Paddy				
			Maize				
			<b>Total</b>				
13.3	Health		Family Health				
G	Farmer's Undertaking						
14	I hereby undertake that all the details contained in this application form are true and correct to the best of my knowledge and belief and accordingly the same have been furnished by me.						
	Place		Date (DD-MM-YYYY)		Signature of the Farmer		
H	Verification by PACS						
15	I hereby confirm that all the details contained in this application form have been verified and found true and correct to the best of my knowledge and belief.						
	Place	Date (DD-MM-YYYY)		Registration No. and Name of PACS		Name & Signature of Chairman/Authorized Signatory of PACS	

**(for Data Entry)**

Above Data Entered, Verified and URN generated

URN														

Place

Date

Signature of Data Entry Operator