

# **PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA**

Advance Receipt for discharge of claim

In consideration of approval of my claim referred above, I hereby accept from -----  
(Name of the insurer) the sum of Rs. Two Lakh only, in full and final settlement and  
discharge of my claim under the said policy covering insurance in respect of member  
Shri/Ms.-----.

Signature of the Witness:

Name of Witness:

Address:

Signature of Nominee/Appointee/ Claimant:

Date :

Counter Signature of Authorized Official of  
the Bank/Post Office:

Date:

Name:

Name of Bank/Post Office:

Branch:

Office Stamp: