**Pro-Data Premium for PMJJBY Enrollment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Month** | **Premium Amt. to be debited from beneficiaries A/C** | **Branch Commission** | **Amt.to be Credited to LIC A/C maintain at HO** |
| 1. | June,July & August | 330/- | 41/- | 289/- |
| 2. | September,October&November | 258/- | 33/- | 225/- |
| 3. | December,January & February | 172/- | 22/- | 150/- |
| 4. | March,April & May | 86/- | 11/- | 75/- |

**Remittance A/C No. for PMJJBY=190000637664**

**Remittance A/C No. for PMSBY=190000637697**