

# Government of West Bengal JAI BANGLA PENSION SCHEME

#### APPLICATION FORM

(To be filled in English Block Capital Letters Only) (Please Check Appropriate Boxes, wherever applicable) (\* Marked fields are mandatory) Affix Self-Attested Passport Size Photograph

	APPLICATION FOR (Please check Only One Box)	
1	Taposili Bandhu (for SC)	
2	Jai Johar (for ST)	
3	Manabik	
4	Old Age Pension	X
5	Widow Pension	X
6	Farmers' Old Age Pension	X
7	Old Age Pension for Fishermen	X
8	Old Age Pension for Artisans and Handloom Weavers	X
9	Lok Prasar Prakalpa	X

	PERSONAL	DETAILS	
	First Name	Middle Name	Last Name
Beneficiary Name*			
Gender*	Male	Female	Others
Date of Birth*	D D / M M / Y Y	( Y	
Age as on 01/01/2020	Years		
	First Name	Middle Name	Last Name
Fathers' Name*			
Mothers' Name*			
Caste*	SC ST		
Marital Status*	Unmarried Married	Separated	]
	Widow Widower		
	First Name	Middle Name	Last Name
Spouse Name, if			
applicable			
	Monthly I	ncome	
Monthly Family Income			
(Rs.)*			
	PERSONAL IDENTIFICA	ATION NUMBER(S)	
Digital Ration Card No.*			
AHL TIN			
Aadhaar No., if available	<u> </u>		
EPIC/Voter Id. No.*			
PAN, if available			
BPL Seg. No., if available			

BPL Id. No., if available														
BPL Total Score, if available														

### CONTACT DETAILS

State*	W	Ε	S	Т		В	Е	Ν	G	А	L													
Assembly Constituency*																								
District*																								
Police Station*																								
Block/Municipality/Corp.*																								
GP/Ward No.*																								
Village/Town/City*																								
House / Premise No.																								
Post Office*																								
Pin Code*																								
Number of Years Dwelling in V	Vest	Ben	ngal	*				Y	ears															
Mobile Number*																								
Email Id., if available																								
				B	BAN	KA	ссо	UN	Г DE	TAIL	.S													
Bank Name*																								
Bank Branch Name*		+											-		-	+	+				+	-	+	
Bank Account No.*		-										1	1	1	1				1	1				
IFS Code*																								

	FOR MANABIK SCHEME (To be filled in as per Disability Certificate Issued to the Applicant)	
	Type of Disability* (Please check Appropriate Boxes)	
1	OH [Orthopedically Handicapped]	
2	VH [Visually Handicapped]	
3	HH [Hearing & Speech Handicapped]	
4	MI [Mentally Illness]	
5	MR [Mental Retardation]	
6	MD [Multiple Disabilities]	
7	LC [Leprosy Cured]	
8	NR[Nervous Disorder]	
9	OT[Others]	
	ifying Authority *	

## ENCLOSURE LIST (SELF ATTESTED COPIES) (Please check Appropriate Boxes)

1	Passport Photograph	
2	Copy of Caste Certificate	
3	Copy of Digital Certificate from Appropriate Authority	
4	Copy of Digital Ration Card	
5	Copy of Aadhaar Card, if available	
6	Copy of Voter Id	
7	Copy of Residential Certificate (Self Declaration)	
8	Copy of Income Certificate (Self Declaration)	
9	Copy of Bank Pass Book	
10	Others, please specify	

	SELF DECLARATION
•	In the event of my death, I hereby nominate :
	Address & Relationship) to receive the rest amount payable to me till my death.
•	I give / do not give consent to the use of the Aadhaar No. for authenticating my identity for social security pension ( <i>in case Aadhaar No. is provided by the Applicant</i> ).
•	Presently, I am receiving following pension(s) from Central Govt. / State Govt. / Local Administration / Govt. Aided Organization (in case the Applicant is receiving pension from any other source):-
1.	
2.	
٠	Presently, I am receiving the following social Security Pension/s (Please tick)
	🖂 NSAP Old Age 🔄 NSAP Widow Pension 🗔 NSAP Disability Pension 🗔 Old Age Pension
	🖂 Widow Pension 🔄 Disability Pension 🔲 Lok Prasar Prakalpa 🗔 Fisherman's Old Age Pension
	Farmers Old Age Pension  Artisan/Weaver Old Age Pension
Date:	(Signature of Applicant)

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Acknowledgement No.																			
Acknowledgement Date	D	D	1	M	M	/	Υ	Υ	Y	Υ									
Application Id.																			
Enquiry Officer Name																			
Enquiry Officer Designation																			
Enquiry Officer Mobile No.																			

Date:

### (Signature with Stamp of Enquiry Officer)

Recommending Authority Name													
Recommending Authority Designation													
Recommending Authority Mobile No.													

COMMENTS:-

(Signature with Stamp of Recommending Authority)