

Acknowledgement No.

**Department of Women and Child Development &
Social Welfare
Government of West Bengal**

Passport Size
Picture

PENSION INFORMATION FORM (Form-P) [To be filled up English Block Capitals Only]
Pension Case*: Existing New
Type of Pension*: Old Age Disability Widow
PERSONAL DETAILS

1. Aadhaar No.: - -
2. Voter ID No.:
First Middle Last
3. Name of Beneficiary*:
First Middle Last
4. Gender*: Male Female Other
5. Date of Birth*: / / Age:
6. Father's Name*:
First Middle Last
7. Mother's Name*:
First Middle Last
8. Religion*: Hinduism Islam Christianity Others
9. Caste*: SC ST OBC General
10. Spouse(Husband/Wife): Dead Alive (Spouse name mandatory if alive) Not Applicable
11. Spouse Name*:
First Middle Last
12. Monthly Family Income: ₹

CONTACT DETAILS

1. House/Premise No.:
2. Village/Town/City*:
3. GP/Ward No. *:
4. Block/Municipality*:
5. Police Station:
6. Post Office*:
7. Sub-Division*:
8. District*:
9. PIN*:
10. State*: W E S T B E N G A L
11. Mobile No.: + 9 1
12. Landline No.:
13. E-mail ID:

Acknowledgement Copy

Acknowledgement No.: Date: / /

Name:

Type of Pension: Old Age Disability Widow

Date:

Signature of Receiver with Stamp

FOR DISABILITY PENSION

1. Type of Disability: OH [Orthopedically Handicapped] VH [Visually Handicapped]
HH [Hearing & Speech Handicapped] MI [Mentally Illness]
MR [Mental Retardation] MD [Multiple Disabilities]
LC [Leprosy Cured]

2. Percentage of Disability:

3. Issuing Authority:

BANK ACCOUNT DETAILS

1. Bank Name*:
2. Branch*:
3. Account No.*:
4. IFS Code*:

ENCLOSURE LIST

1. Copy of Aadhaar self-attested: 2. Copy of Voter Id:
3. Copy of Ration Card: 4. Copy of Disability Certificate:
5. Copy of Income Certificate: 6. Conv of Husband's Death Certificate:
(FOR widow pension)
7. Copy of Bank Pass Book:
8. Nomination Form (In case of death):
9. Others, please specify _____

Declaration: If Aadhaar card has been provided.

I give / do not give consent to the use of the Aadhaar number for authenticating my identity for social welfare pension.

Date:

Beneficiary Signature

* Marked fields are mandatory.

For office use only

1. Acknowledgement No.
2. Applicant ID:
3. Reviewer/Approver Name:
4. Reviewer/Approver Designation:

Date:

Signature with Stamp of Reviewer / Approver