



Government of West Bengal

JAI BANGLA PENSION SCHEME

Affix Self-Attested
Passport Size
Photograph

APPLICATION FORM
(To be filled in English Block Capital Letters Only)
(Please Check Appropriate Boxes, wherever applicable)
(* Marked fields are mandatory)

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

	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Beneficiary Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		
Date of Birth*	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		
Age as on 01/01/2020	<input type="text"/> Years		
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Fathers' Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mothers' Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caste*	<input type="checkbox"/> SC <input type="checkbox"/> ST		
Marital Status*	<input type="checkbox"/> Unmarried <input type="checkbox"/> Widower	<input type="checkbox"/> Married <input type="checkbox"/> Widower	<input type="checkbox"/> Separated
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Spouse Name, if applicable	<input type="text"/>	<input type="text"/>	<input type="text"/>

Monthly Income

Monthly Family Income (Rs.)*	<input type="text"/>
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PERSONAL IDENTIFICATION NUMBER(S)

Digital Ration Card No.*	<input type="text"/>
AHL TIN	<input type="text"/>
Aadhaar No., if available	<input type="text"/>
EPIC/Voter Id. No.*	<input type="text"/>
PAN, if available	<input type="text"/>
BPL Seq. No., if available	<input type="text"/>

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

CONTACT DETAILS

State*	W	E	S	T	B	E	N	G	A	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 West Bengal*				Years																				
Mobile Number*																								
Email Id., if available																								

BANK ACCOUNT DETAILS

Bank Name*																								
Bank Branch Name*																								
Bank Account No.*																								
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]																						
Percentage of Disability*				.			%																
Certifying 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 :

.....
(Please mention Name, 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 (in case Aadhaar No. is provided by the Applicant).
- 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.

- 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)

FOR OFFICE USE ONLY

Acknowledgement No.																																		
Acknowledgement Date	D	D	/	M	M	/	Y	Y	Y	Y																								
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:-

Date:

(Signature with Stamp of Recommending Authority)