



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"/>

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)