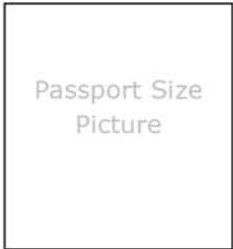


**Department of Women and Child Development &
Social Welfare
Government of West Bengal**



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

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

CONTACT DETAILS

- House/Premise No.:
- Village/Town/City*:
- GP/Ward No. *:
- Block/Municipality*:
- Police Station:
- Post Office*:
- Sub-Division*:
- District*:
- PIN*:
- State*: W E S T B E N G A L
- Mobile No.: + 9 1
- Landline No.:
- 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:
7. Copy of Bank Pass Book: (For widow pension)
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