



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)