



Government of West Bengal JAI BANGLA PENSION SCHEME

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

Affix Self-Attested
Passport Size
Photograph

APPLICATION FOR (Please check Only One Box)

1	Taposili Bandhu (for SC)	<input type="checkbox"/>
2	Jai Johar (for ST)	<input type="checkbox"/>
3	Manabik	<input type="checkbox"/>
4	Old Age Pension	<input checked="" type="checkbox"/>
5	Widow Pension	<input checked="" type="checkbox"/>
6	Farmers' Old Age Pension	<input checked="" type="checkbox"/>
7	Old Age Pension for Fishermen	<input checked="" type="checkbox"/>
8	Old Age Pension for Artisans and Handloom Weavers	<input checked="" type="checkbox"/>
9	Lok Prasar Prakalpa	<input checked="" type="checkbox"/>

PERSONAL DETAILS

Beneficiary Name*	First Name			Middle Name			Last Name										
Gender*	Male			Female			Others										
Date of Birth*	D	D	/	M	M	/	Y	Y	Y	Y							
Age as on 01/01/2020				Years													
Fathers' Name*	First Name			Middle Name			Last Name										
Mothers' Name*	First Name			Middle Name			Last Name										
Caste*	SC			ST													
Marital Status*	Unmarried			Married			Separated										
	Widow			Widower													
Spouse Name, if applicable	First Name			Middle Name			Last Name										

Monthly Income

Monthly Family Income (Rs.)*											
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PERSONAL IDENTIFICATION NUMBER(S)

Digital Ration Card No.*																				
AHL TIN																				
Aadhaar No., if available																				
EPIC/Voter Id. No.*																				
PAN, if available																				

BPL Seq. No., if available																				
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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]	<input type="checkbox"/>
2	VH [Visually Handicapped]	<input type="checkbox"/>
3	HH [Hearing & Speech Handicapped]	<input type="checkbox"/>
4	MI [Mentally Illness]	<input type="checkbox"/>
5	MR [Mental Retardation]	<input type="checkbox"/>
6	MD [Multiple Disabilities]	<input type="checkbox"/>
7	LC [Leprosy Cured]	<input type="checkbox"/>
8	NR[Nervous Disorder]	<input type="checkbox"/>
9	OT[Others]	<input type="checkbox"/>

Percentage of Disability* %

Certifying Authority *

ENCLOSURE LIST (SELF ATTESTED COPIES) (Please check Appropriate Boxes)

1	Passport Photograph	<input type="checkbox"/>
2	Copy of Caste Certificate	<input type="checkbox"/>
3	Copy of Digital Certificate from Appropriate Authority	<input type="checkbox"/>
4	Copy of Digital Ration Card	<input type="checkbox"/>
5	Copy of Aadhaar Card, if available	<input type="checkbox"/>
6	Copy of Voter Id	<input type="checkbox"/>
7	Copy of Residential Certificate (Self Declaration)	<input type="checkbox"/>
8	Copy of Income Certificate (Self Declaration)	<input type="checkbox"/>
9	Copy of Bank Pass Book	<input type="checkbox"/>
10	Others, please specify	<input type="checkbox"/>

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)