



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

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

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	

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)