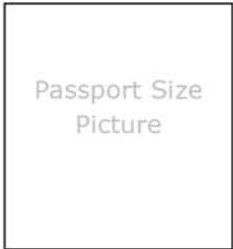


**Department of Women and Child Development &  
Social Welfare  
Government of West Bengal**



**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**