

Form - I

(To apply online on SSY portal of the Labour Department, Government of West Bengal)

(See clause 7 of SSY read with clause 7(I) (a) of SSY (R&R), 2017)

All the fields of Part-I, II, III and IV of Form – I have to be filled in completely. Incomplete application will render the registration liable to be cancelled

(See clause 7 of SSY read with clause 7(I) (a) of SSY (R&R), 2017)

Application No.

Application Form for Registration under Samajik Suraksha Yojana (SSY)

(For Unorganised Sector Workers, Construction Workers & Transport Workers)

Affix recent
photo

4.5 cm x 3.5 cm

To
The Registering Authority

I hereby apply to enrol myself as a beneficiary under SAMAJIK SURAKSHA YOJANA and the following statements in relation to this application are given by me. I am already enrolled under WBB&OCWW Scheme / WBTWSSS/ erstwhile SASPFUW (strike out whichever is not applicable) and the Registration No. is.....

PART-I

1. My Name is Sri/ Smt: _____
2. Father's/ Husband's Name: _____
3. Mobile No. _____ BPL: Y/N.....If yes, BPL No. _____
4. Bank A/C No..... 5. Bank & Branch Name.....
5. AadhaarNo. _____ 6. EPIC No. _____
7. Permanent Address: _____
8. PresentAddress: _____
9. a) Name of the Block/ Municipality: _____ b) GP / Ward of the Municipality _____
10. Sex: Male/ Female/Others:.....
11. Marital status: Married/ Unmarried/ Widow/ Divorcee:.....
12. Caste: SC/ST/OBC/GEN :..... 13. Religion: _____
14. Date of birth: D D/ M M/ Y YYY 15. Age _____
16. I am covered / not covered under the Employees' Provident Fund and Miscellaneous Provisions Act, 1952 & ESI Act, 1948 (if yes, then provide P.F./ ESI No _____)
17. I am a self-employed worker/ worker engaged in the scheduled unorganised sector under the Scheme. (Strike out which is not applicable)
 - (ii) Name of my Occupation / Self-employment :.....(strike out which is not applicable)
 - (iii) Address of the Establishment where I employed _____
18. My monthly family income from all sources: Rs. _____
19. I agree to abide by the Samajik Suraksha (Rules & Regulations), 2017.

(Full Signature/ LTI of the Applicant)

PART-II

DETAILS OF FAMILY MEMBERS FULLY DEPENDENT ON THE APPLICANT

Sl. No.	Name	Relationship with the applicant	Sex	Age	Whether Registered under SASPFUW/BOCW/WBTWSS S, if Yes, then Regn. No	Aadhar No

Place:

Date:

.....
(Full Signature/ LTI of the Applicant)

PART-III

NOMINATION FOR THE SCHEME

Sl. No.	Name	Relationship with the applicant	Aadhaar No.	Sex (M/F)	Age	Share	Bank A/C No., Name & Branch Name of the Bank

Place:

Date:.....

.....
(Full Signature / LTI of the Applicant)

**PART-IV
CERTIFICATE**

[Employer/ MP / MLA / Sabhadhipati of ZillaParishad / Sabhadhipati of Siliguri Mahakuma Parishad / Mayor of Municipal Corporation / Chairman of Borough Committee / Sabhapati or Member of Panchayat Samity, Pradhan of Gram Panchayat, Chairman / Vice – Chairman / Councillor / Commissioner of Municipality or Corporation Area, Chairman/Administrator of GTA or his nominated person]

I know the applicant Sri/ Smt _____ and hereby certify that above statements made by him / her are true to the best of my knowledge and belief.

Signature: _____

Full name: _____

(Seal)

Part – V

(For Construction Workers and Transport Workers Only)

(a) If a Construction Worker: Y / N

I am also willing to avail the existing benefits under **WBB&OCWW** Scheme for which I am submitting separate application under e-district (www.edistrict.wb.gov.in/PACE)

(b) If a Transport Worker: Y / N

I am also willing to avail the existing benefits under **WBTWSS** Scheme for which I am submitting separate application under e-district (www.edistrict.wb.gov.in/PACE)

RECEIPT

Application No.

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New Registration / Existing Registration No. of the Applicant is _____.

Received an application from Sri / Smt. _____

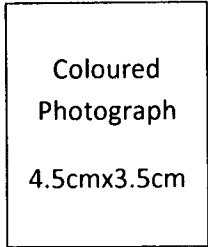
Address _____ for enrolment as beneficiary under Samajik Suraksha Yojana.

Date: _____

Signature & Seal of the Receiving Official

Form - II
(See clause 7 (I) (e) of SSY(R&R), 2017)

**Identity Card-Cum-Pass Book for
Provident Fund under SSY for unorganised Workers**



Name of Gram Panchayat / Ward No.

UnderBlock.....Municipality /

Municipal Corporation in District.

1. Name of the beneficiary:.....

2. Father's / Husband's Name:.....

3. Aadhaar No.

4. Permanent Address:

5. Date of birth:

6. Date of enrolment in the SSY:

7. Date of maturity on attaining age of 60 years:

8. Name & Address of the Nominee(s):

9. Relationship with the subscriber:

10. Age of Nominee(s):.....

11. Name of father / husband of the Nominee:.....

12. SSY A/C No. :.....

Signature of the Registering Authority

Signature of the holder

Subscription made:

Month& year for which Subscription made	Receipt details			Amount	Signature of Collecting Agent/SLO
	Book No.	receipt No.	Date of collection		

FORM III

(See clause 8.1.5 (I) (a) & clause 8.1.5 (II) (c) of SSY-2017)

Receipt of subscription under SSY for PF deposit.
(Duplicate to be made out by other single carbon paper process)

Book No.

Receipt No.

Date :

Received from Shri /Smt.

SSIN an amount
of Rs. (Rupees) on
account of subscription to PF under SSY for the month/ Months of
20.....

Collecting Agent/SLO

Name & Code Number of
Collecting Agent/SLO