**Department of Women & Child Development and Social Welfare**

**Government of West Bengal**

**M A N A B I K**

Application Form

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 [To be filled in English Capital letters only]

Acknowledgement No.

(To be filed up by the Office)

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| PERSONAL DETAILS |

1. Name of Application\*
2. Aadhaar No.
3. Voter ID No.
4. Gender\*
5. Date of Birth\*
6. Father’s Name /Mother’s Name / Guardian’s Name\*
7. Religion\*
8. Caste\*
9. Monthly Family Income\*

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| CONTACT DETAILS |

1. House /Premise No.
2. Village /Town /City\*
3. GP /Ward No\*
4. Block /Municipality\*
5. Police Station
6. Post Office\*
7. Sub-Division\*
8. District\*
9. Pin\*
10. State\*
11. Mobile No.
12. Landline No.
13. E-mail ID (if any)

 ……………………………………………………………………………………………………………………………………………………………………

Acknowledgement Copy for “MANABIK” application

 Acknowledgement No. Date:

 Name of Applicant:

 ………………………………………………………………….

 Signature of Receiver with Stamp

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| FOR ‘MANABIK’ |

1. Type of Disability\*
2. Percentage of Disability\*

(as mentioned in the Disability Certificate)

1. Authority Issuing Disability Certificate\*

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| BANK ACCOUNT DETAILS (Attach Copy of Bank Pass Book |

1. Bank Name \*
2. Branch\*
3. Account No\*
4. IFS Code\*

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| ENCLOSURE LIST |

1. Copy of Residential Certificate (Self declaration)\*
2. Copy of Income Certificate (Self declaration)\*
3. Copy of Disability Certificate from appropriate authority duly self attested\*
4. Copy of Aadhaar self attested
5. Copy of Voter ID self attested
6. Copy of Ration Card self attested
7. Copy of bank Pass Book self attested
8. Others (please specify)

Declaration: (Strike out which is not applicable)

 ( i) If Aadhaar Card has been provided.

 I give / do not give consent to the use of the Aadhaar number for authenticating may identity for ‘MANABIK’ financial assistance.

 (ii) I am not getting any type of Government pension.

Date: ……………………………………………………………..

 Signature of Applicant

\*Marked fields aremandatory\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only

1. Acknowledgement No.
2. Name and designation of the Enquiry Officer
3. Name and designation of the Recommending Authority

 ………………………………………………………………….

Date: Signature of Enquiry Officer with comments

………………………………………………………………………

Date: Signature of Recommending Authority with comments