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| Image result for west bengal government logo | **Government of West Bengal** | *Affix Self-Attested Passport Size Photograph* |
| **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)* |
|  |  |  |
| **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** |

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| **PERSONAL DETAILS** |

*First Name Middle Name Last Name*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Beneficiary Name\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender\* | Male |  |  | Female |  |  | Others |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth\* | D | D | / | M | M | / | | Y | Y | Y | Y |
| Age as on 01/01/2020 |  |  |  | Years | | |

*First Name Middle Name Last Name*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Fathers’ Name\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mothers’ Name\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caste\* | SC |  |  | ST |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Marital Status\* | Unmarried |  |  | Married |  |  | Separated |  |
| Widow |  | Widower |  |

*First Name Middle Name Last Name*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Spouse Name, if applicable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Monthly Income** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Monthly Family Income (Rs.)\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PERSONAL IDENTIFICATION NUMBER(S)** |

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

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| BPL Seq. No., if available |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BPL Id. No., if available |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BPL Total Score, if available |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Number of Years Dwelling in West Bengal\* |  |  |  | Years |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mobile Number\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Id., if available |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **BANK ACCOUNT DETAILS** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Bank Name\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank Branch Name\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank Account No.\* |  |  |  |  |  |  |  |  |  |  |  |  |
| IFS Code\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **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] |  |  |
| 2 | VH [Visually Handicapped] |  |  |
| 3 | HH [Hearing & Speech Handicapped] |  |  |
| 4 | MI [Mentally Illness] |  |  |
| 5 | MR [Mental Retardation] |  |  |
| 6 | MD [Multiple Disabilities] |  |  |
| 7 | LC [Leprosy Cured] |  |  |
| 8 | NR[Nervous Disorder] |  |  |
| 9 | OT[Others] |  |  |

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| Percentage of Disability\* |  |  |  | **.** |  |  | % |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Certifying Authority \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

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| **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)* |

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| **FOR OFFICE USE ONLY** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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*)* | | | | | | | | | | | | | | | | | | | |