सत्यमेव जयते

Government of West Bengal
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)*

Affix Self-Attested Passport Size Photograph

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 ☐ 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*
Fathers' Name*			
Mothers' Name*			

Caste* SC ☐ ST ☐

Marital Status* Unmarried ☐ Married ☐ Separated ☐ Widow ☐ Widower ☐

	First Name	*Middle Name*	*Last Name*
Spouse Name, if applicable			

Monthly Income

Monthly Family Income (Rs.)*

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

BPL Id. No., if available	
BPL Total Score, if available	

CONTACT DETAILS

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*	

Number of Years Dwelling in West Bengal*	Years

Mobile Number*	
Email Id., if available	

BANK ACCOUNT DETAILS

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

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]	

Percentage of Disability*	. %
Certifying Authority *	

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	

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*)*