



Government of West Bengal

JAI BANGLA PENSION SCHEME

Affix Self-Attested
Passport Size
Photograph

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

PERSONAL DETAILS

First Name	Middle Name	Last Name
Beneficiary Name* <input type="text"/>	<input type="text"/>	<input type="text"/>

Gender*	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>
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Date of Birth*	D	D	/	M	M	/	Y	Y	Y	Y	
Age as on 01/01/2020	<input type="text"/>	<input type="text"/>	Years								

First Name	Middle Name	Last Name
Fathers' Name*	<input type="text"/>	<input type="text"/>
Mothers' Name*	<input type="text"/>	<input type="text"/>

Caste*	SC <input type="checkbox"/>	ST <input type="checkbox"/>	
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Marital Status*	Unmarried <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>
	Widow <input type="checkbox"/>	Widower <input type="checkbox"/>	

First Name	Middle Name	Last Name
Spouse Name, if applicable	<input type="text"/>	<input type="text"/>

Monthly Income

Monthly Family Income (Rs.)*	<input type="text"/>
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PERSONAL IDENTIFICATION NUMBER(S)

Digital Ration Card No.*	<input type="text"/>
AHL TIN	<input type="text"/>
Aadhaar No., if available	<input type="text"/>
EPIC/Voter Id. No.*	<input type="text"/>
PAN, if available	<input type="text"/>

BPL Seq. No., if available	<input type="text"/>
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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* <i>(Please check Appropriate Boxes)</i>		
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)