

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)
	Jai Johar (for ST)
	Manabik
4	Old Age Pension X
5	Widow Pension X
6	Farmers' Old Age Pension X
7	Old Age Pension for Fishermen
8	Old Age Pension for Artisans and Handloom Weavers
9	Lok Prasar Prakalpa X
	PERSONAL DETAILS
	First Name Middle Name Last Name
Beneficiary N	
Gender*	Male Female Others
Date of Birth	
Age as on dat	te of Application Years
	First Name Middle Name Last Name
Fathers' Nam	
Mothers' Nar	me*
Caste*	SC ST
Marital Statu	s* Unmarried Married Separated
Widired States	Widow Widower
Spausa Nama	First Name Middle Name Last Name
spouse Name	e, if applicable
	Monthly Income
Monthly Fam	illy Income (Rs.)*
	PERSONAL IDENTIFICATION NUMBER(S)
Digital Ration	Card No.*
AHL TIN	
Aadhaar No.*	
EPIC/Voter Id	
PAN, if availa	ble
DDI Com No	if available
BPL Seq. No., BPL Id. No., if	
	ro if available

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Police	e Station*																															
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GP/V	Vard No.*																															
Villag	ge/Town/0	City*																														
	e / Premis	se No																														
	Office*																															
Pin C	ode*																															
Num	ber of Yea	rs Dw	/elling	in '	Wes	t Be	eng	al*					Ye	ars																		
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2	OH [Orthopedically Handicapped] VH [Visually Handicapped]																															
3	HH [Hearing & Speech Handicapped]																															
4		[Mentally Illness]																														
5	MR [Mer	Mental Retardation]																														
6	MD [Mul	MD [Multiple Disabilities]																														
7	LC [Leprosy Cured]																															
8	NR[Nerv	ous D	s Disorder]																													
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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 AadhaarNo. 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.
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)