

CONTACT DETAILS	
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[illegible]

BANK ACCOUNT DETAILS	
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FOR MANABIK SCHEME *(To be filled in as per Disability Certificate Issued to the Applicant)*

Percentage of Disability*			.		%
Certifying Authority *					

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

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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.
- 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)