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*)*