



# 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	<b>Taposili Bandhu (for SC)</b>	<input type="checkbox"/>
2	<b>Jai Johar (for ST)</b>	<input type="checkbox"/>
3	<b>Manabik</b>	<input type="checkbox"/>
4	Old Age Pension	<input checked="" type="checkbox"/>
5	Widow Pension	<input checked="" type="checkbox"/>
6	Farmers' Old Age Pension	<input checked="" type="checkbox"/>
7	Old Age Pension for Fishermen	<input checked="" type="checkbox"/>
8	Old Age Pension for Artisans and Handloom Weavers	<input checked="" type="checkbox"/>
9	Lok Prasar Prakalpa	<input checked="" type="checkbox"/>

### PERSONAL DETAILS

<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>						
Beneficiary Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others							
Date of Birth*	D	D	/	M	M	/	Y	Y	Y	Y
Age as on 01/01/2020	<input type="text"/>	<input type="text"/>	Years							
<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>						
Fathers' Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mothers' Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Caste*	<input type="checkbox"/> SC	<input type="checkbox"/> ST								
Marital Status*	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Separated							
	<input type="checkbox"/> Widow	<input type="checkbox"/> Widower								
<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>						
Spouse Name, if applicable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

### Monthly Income

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

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

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	

