



# 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*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others
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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*	<input type="checkbox"/> SC	<input type="checkbox"/> ST	
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Marital Status*	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
	<input type="checkbox"/> Widow	<input type="checkbox"/> Widower	

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* (Please check Appropriate Boxes)		
1	OH [Orthopedically Handicapped]	<input type="checkbox"/>
2	VH [Visually Handicapped]	<input type="checkbox"/>
3	HH [Hearing & Speech Handicapped]	<input type="checkbox"/>
4	MI [Mentally Illness]	<input type="checkbox"/>
5	MR [Mental Retardation]	<input type="checkbox"/>
6	MD [Multiple Disabilities]	<input type="checkbox"/>
7	LC [Leprosy Cured]	<input type="checkbox"/>
8	NR[Nervous Disorder]	<input type="checkbox"/>
9	OT[Others]	<input type="checkbox"/>

Percentage of Disability\*    .   %

Certifying Authority \*

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

1	Passport Photograph	<input type="checkbox"/>
2	Copy of Caste Certificate	<input type="checkbox"/>
3	Copy of Digital Certificate from Appropriate Authority	<input type="checkbox"/>
4	Copy of Digital Ration Card	<input type="checkbox"/>
5	Copy of Aadhaar Card, if available	<input type="checkbox"/>
6	Copy of Voter Id	<input type="checkbox"/>
7	Copy of Residential Certificate (Self Declaration)	<input type="checkbox"/>
8	Copy of Income Certificate (Self Declaration)	<input type="checkbox"/>
9	Copy of Bank Pass Book	<input type="checkbox"/>
10	Others, please specify	<input type="checkbox"/>

**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)