Acknowledgement No.

Department of Women and Child Development & Social Welfare
Government of West Bengal

Passport Size Picture
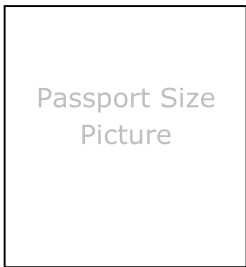
PENSION INFORMATION FORM (Form-P) [*To be filled up English Block Capitals Only*]

Pension Case*: ☐ Existing   ☐ New   ☐

Type of Pension*: ☐ Old Age   ☐ Disability   ☐ Widow

PERSONAL DETAILS

1. Aadhaar No.: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐
2. Voter ID No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   | First | Middle | Last |
3. Name of Beneficiary*:
4. Gender*: ☐ Male   ☐ Female   ☐ Other
5. Date of Birth*: ☐☐ / ☐☐ / ☐☐☐☐   Age: ☐☐
6. Father's Name*: (First / Middle / Last)
7. Mother's Name*: (First / Middle / Last)
8. Religion*: ☐ Hinduism ☐ Islam ☐ Christianity ☐ Others
9. Caste*: ☐ SC ☐ ST ☐ OBC ☐ General
10. Spouse(Husband/Wife): ☐ Dead   ☐ Alive (Spouse name mandatory if alive)   ☐ Not Applicable
11. Spouse Name*: (First / Middle / Last)
12. Monthly Family Income: ₹ ☐☐☐☐

CONTACT DETAILS

1. House/Premise No.:
2. Village/Town/City*:
3. GP/Ward No. *:
4. Block/Municipality*:
5. Police Station:
6. Post Office*:
7. Sub-Division*:
8. District*:
9. PIN*:
10. State*: | W | E | S | T | | B | E | N | G | A | L |
11. Mobile No.: | + | 9 | 1 |
12. Landline No.:
13. E-mail ID:

Acknowledgement Copy

Acknowledgement No.: ☐☐☐☐☐☐☐☐☐☐   Date: ☐☐ / ☐☐ / ☐☐☐☐

Name:

Type of Pension: ☐ Old Age   ☐ Disability   ☐ Widow

FOR DISABILITY PENSION

1. Type of Disability:
   - ☐ OH [Orthopedically Handicapped]
   - ☐ VH [Visually Handicapped]
   - ☐ HH [Hearing & Speech Handicapped]
   - ☐ MI [Mentally Illness]
   - ☐ MR [Mental Retardation]
   - ☐ MD [Multiple Disabilities]
   - ☐ LC [Leprosy Cured]

2. Percentage of Disability: ☐☐

3. Issuing Authority: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

BANK ACCOUNT DETAILS

1. Bank Name*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
2. Branch*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
3. Account No.*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
4. IFS Code*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ENCLOSURE LIST

1. Copy of Aadhaar self-attested: ☐   2. Copy of Voter Id: ☐

3. Copy of Ration Card: ☐   4. Copy of Disability Certificate: ☐

5. Copy of Income Certificate: ☐   6. Copy of Husband's Death Certificate: ☐
                                              (For widow pension)

7. Copy of Bank Pass Book: ☐

8. Nomination Form (In case of death): ☐

9. Others, please specify _____

Declaration: If Aadhaar card has been provided.

I give / do not give consent to the use of the Aadhaar number for authenticating my identity for social welfare pension.

Date:

_____
Beneficiary Signature

* Marked fields are mandatory.

For office use only

1. Acknowledgement No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Applicant ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. Reviewer/Approver Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. Reviewer/Approver Designation: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date:

_____
Signature with Stamp of Reviewer / Approver