

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)