



# 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 |
|---------|-------------------------------|---------------------------------|---------------------------------|

|                      |                      |                      |       |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Date of Birth*       | D                    | D                    | /     | M                    | M                    | /                    | Y                    | Y                    | Y                    | Y                    |
| Age as on 01/01/2020 | <input type="text"/> | <input type="text"/> | Years | <input type="text"/> |

| 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 |  |
|--------|-----------------------------|-----------------------------|--|

|                 |                                    |                                  |                                    |
|-----------------|------------------------------------|----------------------------------|------------------------------------|
| 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"/> |
|------------------------------|----------------------|

### 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"/> |
|----------------------------|----------------------|



