

**GOVERNMENT OF WEST BENGAL**  
**JAI BANGLA PENSION SCHEME**

Affix Self-Attested  
Passport Size  
Photograph Here

**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)	

**PERSONAL DETAILS**

**Beneficiary Name \* :** \_\_\_\_\_

**Gender \* :** Male  Female  Others

**Date of Birth \* :**     /     /     [DD/MM/YYYY]

**Age as on 01/01/2026:** \_\_\_\_\_ Years

**Father's Name \* :** \_\_\_\_\_

**Mother's Name \* :** \_\_\_\_\_

**Caste \* :**  SC     ST

**Religion\*:**

**Marital Status \* :**  Unmarried     Married     Widow     Widower     Separated

**Spouse Name (if applicable):** \_\_\_\_\_

**Monthly Family Income (Rs.) \* :** \_\_\_\_\_

**PERSONAL IDENTIFICATION NUMBER(S)**

**Caste Certificate No.\*:** \_\_\_\_\_

**Digital Ration Card No. \* :** \_\_\_\_\_

**AHL TIN :** \_\_\_\_\_

**Aadhaar No.\*:** \_\_\_\_\_

**EPIC / Voter ID No. \* :** \_\_\_\_\_

**CAA Application Status, (if applicable):**  Applied, if yes, Application No \_\_\_\_\_

Issued, if yes, Certificate No \_\_\_\_\_

**If Deleted in SIR 2026, whether case pending in Tribunal:**  NO

Yes, If yes case no. \_\_\_\_\_

**PAN (if available) :** \_\_\_\_\_

**CONTACT DETAILS**

**State \*** : WEST BENGAL

**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 WB \*** : \_\_\_\_\_ Years

**Mobile Number \*** : \_\_\_\_\_

**Email ID (if available) :** \_\_\_\_\_

**BANK ACCOUNT DETAILS**

**Bank Name \*** : \_\_\_\_\_

**Bank Branch Name \*** : \_\_\_\_\_

**Bank Account No. \*** : \_\_\_\_\_

(\*Aadhaar linked Bank accounts for DBT credit)

**IFS Code \*** : \_\_\_\_\_

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

- 1 . Passport Photograph
- 2 . Copy of Caste Certificate
- 4 . Copy of Digital Ration Card
- 5 . Copy of Aadhaar Card
- 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 & NOMINATION**

**1. In the event of my death, I hereby nominate:**

Name, Address & Relationship: \_\_\_\_\_  
to receive the rest amount payable to me till my death.

**2. I give consent to the use of the Aadhaar No. for authenticating my identity for social security pension .**

**3. Presently, I am receiving following pension(s) from Central Govt. / State Govt. / Local Administration / Govt. Aided Organization (Please tick if applicable):**

- NSAP Old Age  NSAP Widow Pension
- NSAP Disability Pension
- Old Age Pension
- Widow Pension
- Disability Pension
- Lok Prasar Prakalpa
- Farmers Old Age Pension
- Artisan/Weaver Old Age Pension
- Fisherman's Old Age Pension

**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

(Signature of Applicant)

**FOR OFFICE USE ONLY**

**Acknowledgement No. :** \_\_\_\_\_

**Acknowledgement Date :** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Application ID :** \_\_\_\_\_

**Enquiry & Recommendation details:**

Enquiry Officer Name and Designation: \_\_\_\_\_

Enquiry Officer Mobile No: \_\_\_\_\_

(Signature with Stamp of Enquiry Officer)

Recommending Authority Name and Designation: \_\_\_\_\_

Recommending Authority Mobile No : \_\_\_\_\_

COMMENTS:

**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

(Signature with Stamp of Recommending Authority)