

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)