Form-P

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.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
3. Name of Beneficiary*: First ☐☐☐☐☐☐☐☐☐☐ Middle ☐☐☐☐☐☐☐ Last ☐☐☐☐☐☐☐☐☐☐
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

Date:

Signature of Receiver with Stamp

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***