

Passport Size
Picture

Pension Case*: ☐ Existing ☐ New ☐

Type of Pension*: ☐ Old Age ☐ Disability ☐ Widow

1. Aadhaar No.:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
2. Voter ID No.:	<input type="text"/>				
	First		Middle		Last
3. Name of Beneficiary*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Gender*:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		
5. Date of Birth*:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
	First		Middle		Last
6. Father's Name*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First		Middle		Last
7. Mother's Name*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Religion*:	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam	<input type="checkbox"/> Christianity	<input type="checkbox"/> Others	
9. Caste*:	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC	<input type="checkbox"/> General	
10. Spouse(Husband/Wife):	<input type="checkbox"/> Dead	<input type="checkbox"/> Alive (Spouse name mandatory if alive)	<input type="checkbox"/> Not Applicable		
	First		Middle		Last
11. Spouse Name*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Monthly Family Income:	₹ <input type="text"/>				

[illegible]

Acknowledgement No.: Date: / /

Name:

Type of Pension: ☐ Old Age ☐ Disability ☐ Widow

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:

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3. Issuing Authority:

BANK ACCOUNT DETAILS

- [illegible]

ENCLOSURE LIST

- | | | | |
|--|--------------------------|---|--------------------------|
| 1. Copy of Aadhaar self-attested: | <input type="checkbox"/> | 2. Copy of Voter Id: | <input type="checkbox"/> |
| 3. Copy of Ration Card: | <input type="checkbox"/> | 4. Copy of Disability Certificate: | <input type="checkbox"/> |
| 5. Copy of Income Certificate: | <input type="checkbox"/> | 6. Conv of Husband's Death Certificate: | <input type="checkbox"/> |
| 7. Copy of Bank Pass Book: | <input type="checkbox"/> | (For widow pension) | |
| 8. Nomination Form (In case of death): | <input type="checkbox"/> | | |
| 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

- [illegible]

Date:

Signature with Stamp of Reviewer / Approver