## Form-P

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<b>PENSION INFORMATION FORM (Form-P)</b> [To be filled up English Block Capitals Only]														
Pension Case*:	Existing		lew											
Type of Pension*:	Old Age		Disability	Widow										
PERSONAL DETAILS			-											
1. Aadhaar No.:			] - 🗌 🗌	$\neg$										
2. Voter ID No.:														
	First	t	Mi	ddle	Last									
3. Name of Beneficiary*:														
4. Gender*:	Male	Female	Other	-										
5. Date of Birth*:	/	/	/	Age:										
6. Father's Name*:	First	t 	<u>Mi</u>	ddle	Last									
	Firs		 	ddle	Last									
7. Mother's Name*:														
8. Religion*:	Hinduism	Islam	Chris	tianity Oth	ners									
9. Caste*:	SC	ST	OBC	General										
10. Spouse(Husband/Wife):	Dead	Alive (S	pouse name ma	indatory if alive)	Not Applicable									
	Firs	st	Mi	ddle	Last									
11. Spouse Name*:														
12. Monthly Family Incom	ne: ₹													
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:		_	Signat	ure of Receiver wi	th Stamp									

	OR DISABILITY PENSI																									
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±.		OH [Orthopedically Handicapped]											_	VH [Visually Handicapped]												
		HH [Hearing & Speech Handicapped] MI [Mentally Illn												es	s]											
		MR [Mental Retardation]											MD [Multiple Disabilities]													
	Γ	LC [Leprosy Cured]																								
		][0	,	••••	]	1																				
2.	Percentage of Disability:	bility:																								
3.	Issuing Authority:																									
E	BANK ACCOUNT DETAIL	S																								
	Bank Name*:					1	1	1			1	1	1	1	1		1	1		1		1				
1. 2.						Ī							1	Ť			1	1				l I	 			
	Account No.*:													$\frac{1}{1}$				<u> </u>							L	
	IFS Code*:																								Ŧ	
••																									_	
																									_	
E	ENCLOSURE LIST																									
1.	Copy of Aadhaar self-att	elf-attested: 2. Copy of Voter Id:																								
3.	Copy of Ration Card:	d: 4. Copy of Disability Certificate:																								
5.	Copy of Income Certifica	ite:				]			6.									atl	h Co	ert	ifica	ate	:			
7.	Copy of Bank Pass Book	:				]				(	For	- wi	ido۱	w po	ens	sion	)									
8.	Nomination Form (In case	e of death	):																							
9.	9. Others, please specify															_										
Ιg	eclaration: If Aadhaar can live / do not give consent elfare pension.						aar	. nr	ımt	ber	fo	or a	utl	nen	tic	atir	ng	my	/ ide	ent	ity	for	so	cia	I	
Date:										Beneficiary Signature																
*	Marked fields are mandate	ory.																								
 Fo	r office use only																									
	Acknowledgement No.																									
2.	Applicant ID:																									
3.	Reviewer/Approver Nam	e:																								
4.	Reviewer/Approver Desig	gnation:																								

Date:

Signature with Stamp of Reviewer / Approver