



Government of West Bengal

JAI BANGLA PENSION SCHEME

APPLICATION FORM

*(To be filled in English Block Capital Letters Only
(Please Tick (✓) appropriate Boxes, wherever applicable)*

(* Marked fields are mandatory)

*Affix coloured
Passport Size
Photograph*

APPLICATION FOR WIDOW PENSION

PERSONAL DETAILS

Gender * Female

Date of Birth*			/			/			
Age as on 1 st January of current year					Years				

Caste	Gen	SC	ST	Others
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Monthly family Income

Monthly Family Income (Rs.)

PERSONAL IDENTIFICATION NUMBER(S)

CONTACT DETAILS

Street name														
Post Office*														
Pin Code*														

Number of Years Dwelling in West Bengal* Years

Mobile Number*

Email Id., if available

BANK ACCOUNT DETAILS

Bank Name*														
Bank Branch Name*														
Bank Account No.*														
IFS Code*														

ENCLOSURE LIST (SELF ATTESTED COPIES) (Please check (✓) appropriate boxes)

1	<i>Passport size coloured photograph*</i>	
2	<i>Husband's Death certificate*</i>	
3	<i>Copy of Aadhaar Card*</i>	
4	<i>Copy of EPIC/Voter ID*</i>	
5	<i>Copy of Caste Certificate (if applicable)</i>	
6	<i>Copy of Residential Certificate (Self Declaration)</i>	
7	<i>Copy of Income Certificate (Self Declaration)*</i>	
8	<i>Copy of first page of Bank Pass Book*</i>	
9	<i>Others, (please specify)</i>	

SELF DECLARATION

- I give consent to the use of the Aadhaar No. for authenticating my identity for social security pension.
- Presently, I am receiving following pension(s) from Central Govt. / State Govt. / Local Administration / Govt. Aided Organization (in case the Applicant is receiving pension from any other source) [Tick (✓) appropriate box]:-

NSAP Old Age Pension NSAP Widow Pension NSAP Disability Pension

Old Age Pension Manabik Pension Lok Prasar Prakalpa

Fisherman's Old Age Pension Farmers Old Age Pension Artisan/Weaver Old Age Pension

Pension of retired Govt. Employee/family pension

- I hereby declare that I have not remarried.

Date:

(Signature of Applicant)

Acknowledgement

Received one Widow Pension application from(Name),
 daughter/wife of(Father/Mother/husband's
 name)(address) on(date).

(Signature of Receiving Officer)

FOR OFFICE USE ONLY

Acknowledgement No.																									
Acknowledgement Date			/		/																				
Application Id.																									

Enquiry Officer Name																								
Enquiry Officer Designation																								
Enquiry Officer Mobile No.																								

Date of Death of husband *	D	D	/	M	M	/	Y	Y	Y	Y
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Certificate Issuing Authority:
(Rural Local Body/Urban Local Body name)

Comments of Enquiry Officer regarding acceptance/ rejection of the application):

Date:

(Signature with Stamp of Enquiry Officer)

Recommending Authority Name																								
Recommending Authority Designation																								
Recommending Authority Mobile No.																								

COMMENTS:-

Date:

(Signature with Stamp of Recommending Authority)

Consent for AADHAR Authentication

I, the holder of Aadhaar number hereby give my consent to Women & Child Development and Social Welfare Department, Government of West Bengal to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. Women & Child Development and Social Welfare Department, Government of West Bengal has informed that my identity information would only be used for “Widow Pension under Jai Bangla” Prakalpa database authentication and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for the purpose of authentication.

Signature of the Aadhaar Number Holder/I Agree
Name of the applicant

আধাৰ প্ৰমাণীকৰণেৰ জন্য সম্মতিপত্ৰ

আমি, আধাৰ নম্বৰ- এৱে ধাৰক নারী ও শিশু বিকাশ এবং সমাজ কল্যাণ বিভাগ, পশ্চিমবঙ্গ সরকার-কে UIDAI-এৱে সাথে প্ৰমাণীকৰণেৰ জন্য আমাৰ আধাৰ নম্বৰ, নাম এবং আঙুলেৰ ছাপ (ফিঙারপ্ৰিন্ট)/আইরিস ব্যবহাৰ কৰাৰ সম্মতি দিচ্ছি। নারী ও শিশু বিকাশ এবং সমাজ কল্যাণ বিভাগ, পশ্চিমবঙ্গ সরকার আমাকে বলেছেন যে শুধুমাত্ৰ ‘‘বিধবা ভাতা, জয় বাংলা’’ প্ৰকল্পেৰ ডাটাবেস প্ৰমাণীকৰণেৰ উদ্দেশ্যেই আমাৰ পৱিত্ৰ ব্যবহাৰ কৰা হবে এবং আৱেজ বলেছেন যে আমাৰ বায়োমেট্ৰিক্স সংৱৰ্কন কৰা হবে না/কাউকে দেওয়া হবে না, এবং শুধুমাত্ৰ প্ৰমাণীকৰণেৰ উদ্দেশ্যে CIDR-এ জমা দেওয়া হবে।

আধাৰ নম্বৰ ধাৰকেৰ স্বাক্ষৰ / আমাৰ সম্মতি আছে

আবেদনকাৰীৰ নাম