

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"/> |
|                            | First                             |                                                                 | Middle                                  |                                  | Last                 |
| 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: 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

- [illegible]

## 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***