

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: | <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

1. Acknowledgement No.
2. Applicant ID:
3. Reviewer/Approver Name:
4. Reviewer/Approver Designation:

Date:

Signature with Stamp of Reviewer / Approver