Annexe III

MODEL APPLICATION FORM FOR NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP)

Pension Scheme: □ IGNOAPS □ IGNWPS □ IGNDPS

Name of Pensioner: __________________________________________________________

Father’s/Mother’s Name
Or: __________________________________________________________

Husband’s/Wife’s Name

Gender (Male/Female): _______________________

Date of Birth: _________/_________/___________

or (Proof of Birth) _________________________________________________________

Category: ________________________

(SC/ST/OBC/Minority/Gen.)

Address: ________________________________________________________________

Village/locality: ___________________________________________________________

GramPanchayat/Ward: _______________________________________________________

Sub District/Block: _________________________________

District: _________________________________

State: ___________________________ PIN ___________

Aadhar no.: ____________________________ Ration Card no.:____________________

Electoral Photo Identity Card (EPIC) no.:____________________________________

Photo
BPL Detail: Year:__________ Location:________________ Family ID no.:__________

Member ID no.:__________

In case of Disability Pension- Type of Disability____________________________________
(As indicated in certificate)

Details of Bank/ Post Office Account of Pensioner: _________________________________
(if available)

Signature of the Applicant/Thumb Impression

Counter Signature
of Verification Officer  _______________________

Name_____________________

Designation_____________________