

ANNEXURE A

**GOVERNMENT OF WEST BENGAL**  
**PENSION SCHEME UNDER STATE**  
**WELFARE SCHEME FOR PUROHITS**



Affix Self-Attested  
 Passport Size  
 Photograph

**APPLICATION FORM**

(To be filled in English Block Capital Letters Only)  
 (Please Check Appropriate Boxes, wherever applicable)  
 (\* Marked fields are mandatory)

**PERSONAL DETAILS**

Name															
First Name				Middle Name				Last							
Beneficiary Name*															
Gender*				Male				Female				Others			
Date of Birth*				D	D	/	M	M	/	Y	Y	Y	Y		
Age as on 01/01/2020				Years											

Name											
First Name				Middle Name				Last			
Fathers' Name*											
Mothers' Name*											

Name											
First Name				Middle Name				Last			
Spouse Name, if applicable											

**PERSONAL IDENTIFICATION NUMBER (S)**

Digital Ration Card No.*												
Aadhaar No., if available												
EPIC/Voter Id. No.*												
PAN, if available												

**ADDRESS & CONTACT DETAILS**

State*	W	E	S	T	B	E	N	G	A	L												
Assembly Constituency*																						
District*																						
Police Station*																						



