Application Form for

West Bengal Transport Workers' Social Security Scheme Beneficiary Renewal Process

1. Registration No. of the Worker: _			
Applicant's details			
		Phot	ograph
2. Salutation*:			
3. First Name*:			
4. Middle Name:			
5. Last name*:			
6. Mobile No.:			
7. Email:			
8. Date of Birth*:	Age		
9. Gender*:			
10. Caste* :			
11. Religion :	_		
12. Marital Status :			
Father / Husband's Details			
13. Father / Husband*:			
14. Salutation*:			
15 First Name*:			

16. Middle Name:
17. Last name*:
Permanent Address of Applicant
18. Address Line 1*:
19. Address Line 2 :
20. Rural / Urban*:
21. Sub-Division :
22. Block/Municipality/Corporation*:
23. Block/Municipality/Corporation Name* :
24. PIN Code* :
25. Post Office*:
26. Police Station *:
27. District*:
28. State*:
29. Country :
Present Address of Applicant
30. Address Line 1*:
31. Address Line 2 :
32. Rural / Urban*:
33. Sub-Division :
34. Block/Municipality/Corporation*:
35. Block/Municipality/Corporation Name* :
36. PIN Code* :

37. I	Post Office*:						
38. I	Police Station *:	·		_			
39. I	District*:						
40. \$	State* :						
41. (Country*:						
Bank	x Details						
42. I	Bank Name :						
43. 1	FSC Code :						
44. I	Branch Details:						_
Depe	endent Family Mem	bers' Details					
45.							
Srl	Name		Age	Rel	ation with the App	olicant	Gender
Nom	inee Details						
46.							
Srl	Name of Nominee	Address of Nominee		Age of ominee	Relation with the Applicant	Gender	Share of Nominee
Othe	er Details						
<u> </u>	Details						
47. I	Particulars of docume	ents regarding	submiss	sion of F	Registration fees	:	
48 9	Status of Transport W	orker*·					

hereby declare that the above in	nformation is true to the best of my knowledge and	belief.
	Signature:	
	Date of Application:	
	Place of Application:	