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Form - I

(To apply online on BMSSY portal of the Labour Department, Government of West Bengal) (See Clause 7 of BM-SSY read with Rule 7.(I) (a) of BM-SSY (R & R). 2020)

All the fields of Part - I, II, III and IV of Form -I have to bhe filled in completely incomplete application will render the registration liable to be cancelled

Application Form for Registration under Bina Mulya Samajik Suraksha Yojana (BMSSY) (For Unorganised Sector Workers, Construction Workers & Transport Workers)

То	Affix recent
The Re	photo 4.5x3.5 c.m.
I hereb	y aapply to enrol myself as a beneficiary under BINA MULYA SAMAJIK SURAKSHA YOJANA and the following
stateme	ents in relation to this application are given by me.
	Or
I am alı	eady enrolled under WBB&OCWW Scheme / WBTWSSS / Erstwhile SASPFUW
(Please	tick in appropriate box) and the registration No. is
	i) Name of the occupation if self-employed:
	ii) Name of the unorganised industry, if wage earner:
	a) Name & Address of the establishment where wage earner is employed:
	PART - I
1.	First Name
	Middle Name and Mank Branch Name
t and the same	Last Name
2.	Date of Birth:
3.	E-mail
4.	Mobile No.
	Aadhar No. 1 Aartisme (1)
Sanzila	EPIC No.
6.	
7.	Caste: (Please tick) SC ST OBC GEN GEN
8.	Ration Card / Khadya Sathi No. Type (Tick) AAY PHH SPHH RKSY-I RKSY-II
9.	Ration Card / Khadya Sathi No.
10.	Religion (Please tick) Hindu Islam Christian Sikh Parsi Others
11.	Gender: (Tick) Male Other Other
12.	Marital Status (Tick) Married Unmarried Widow Divorcee
13.	Father's / Husband's Name
14.	Mother's Name
15.	Monthly family income Rs.

16.	If covered under the Employees' Provident Fund and Miscellancous I	Date											
17.	If coovered under ESI Act. 1948. give Registration No	Date											
-		and the same of th											
18.	Present Address: State W E S T B E N G A L	Trim for all all and											
	District 10 10 10 10 10 10 10 10 10 10 10 10 10												
fin:	Block Municipality Corporation	28 20 20 20 20 20 20 20 20 20 20 20 20 20											
· ·	Name of the Block/Municipality/Corporation	1.1											
Longo	GP/Ward PIN	P.OPodu											
Briwol	P.S. House No/Name of the village/St	reet/Road											
19.	Present Address: State W E S T B E N G A L	70											
	District	Sub-Division											
	Block Municipality Corporation	use tick in appropriate box) and the rec											
	Name of the Block/Municipality/Corporation	n) Maral of he beet aw on fix fields.											
-	GP/Ward PIN TO THE OR W	grand of P.O. in the last of the last of the											
	P.S. House No/Name of the village/St												
20.	Bank IFSC												
20.	Bank Name												
22.	Bank Branch Name	1 1 1 30 H. F. L.											
23.	Bank District Name	Silve State of											
24.	Bank Location	Last Manns											
25.	Bank A/C No.	Date of Birth:											
26.	I agree to abide by the Bina Mulya Samajik Suraksha Yojana as may	he amended from time to time											
20.	Tages to uside by the Bina marya samajin surational Tojana as mary	Mobile No.											
		(Full Signature / LTI of the app											
	Part-II	EHC No.											
•	NOMINATION FOR THE SCHI	The same of the sa											
	the transit to the state of the	(non-tenati). Stand											
14	Relationship	Bank A/C No. A Lybar A Vote Concerns											
SI No.	Name with the (%) (M/F/O)	Branch IFSC, if AADHAR											
A.	applicant I her Line Line Line	Name of the Bank available No.											
-	D D M M Y Y Y Y D D M M Y Y Y Y	Londer (, c,) Male											
	D D M M Y Y Y Y	(the install dist) into late 15											
Place		Failury so Husband a vame											
Date:		Muther s Name											
4	and the state of t	Christian Co.											
		Monthly ianaly income Re-											

Part - III DETAILS OF FAMILY MEMBERS FULLY DEPENDENT ON THE APPLICANT

SI No.	Name	Relationship with the applicant	Gender (M/F/O)	Date of Birth								Whether Registered under SASPFUW/ BOCW/ WBTWSSS/BMSSY, if yes, then Reg. No.	AADHAR No.
11	110			D	D	M	М	Y	Y	Y	Y	a design of the second	
. 8				D	D	M	M	Y	Y	Y	Y		

Place:	
Date:	
	(Full Signature / LTI of the applicant)
Part - IV	
CERTIFICATE	
[Employer / MP / MLA / Sabhadhipati of Zila Parishad / Sabhadhipati of	of Siliguri Mahakma Parishad / mayor of
Municipal Corporation / Chairman of Borough Committee / Sabhadhipati	or Member of Panchayat Samity, Pradhan
of Gram Panchayat, Chairman / Vice Chairman / Councillor / Commissio	ner of Municipality or Corporation Area,
Chairman / Administrator of GTA or his nominated person]	
I know the applicant Sri / Smt.	and hereby
certify that above statement made by him / her are true to the best of my	knowledge and belief.
Signature:	F4.00
Full Name:	
	(Seal)
	Company of the control of the contro
RECEIPT	
New Registration / Existing Registration No. of the Applicant is	
Received an application from Sri/Smt.	
Address	for enrolment as
beneficiary under Bina Mulya Samajik Suraksha Yojana.	
Date: Signature & Seal of the Receiving (Official

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