

W-1  
OLD

**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 be 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)**

To  
The Registering Authority

Affix recent  
photo  
4.5x3.5 c.m.

I hereby apply to enrol myself as a beneficiary under BINA MULYA SAMAJIK SURAKSHA YOJANA and the following statements in relation to this application are given by me.

Or

I am already 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   
Last Name
2. Date of Birth :
3. E-mail
4. Mobile No.
5. Aadhar No.
6. EPIC No.
7. Caste : (Please tick) SC ☐ ST ☐ OBC ☐ GEN ☐
8. Ration Card / Khadya Sathi No. Type (Tick) AAY ☐ PHH ☐ SPHH ☐ RKS-Y-I ☐ RKS-Y-II ☐
9. Ration Card / Khadya Sathi No.
10. Religion (Please tick) Hindu ☐ Islam ☐ Christian ☐ Sikh ☐ Parsi ☐ Others ☐
11. Gender : (Tick) Male ☐ Female ☐ 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 Miscellaneous Provisions Act, 1952. give Registration No. \_\_\_\_\_ Date \_\_\_\_\_
17. If covered under ESI Act, 1948. give Registration No. \_\_\_\_\_ Date \_\_\_\_\_
18. Present Address : State WEST BENGAL  
District \_\_\_\_\_ Sub-Division \_\_\_\_\_  
Block \_\_\_\_\_ Municipality \_\_\_\_\_ Corporation \_\_\_\_\_  
Name of the Block/Municipality/Corporation \_\_\_\_\_  
GP/Ward \_\_\_\_\_ PIN \_\_\_\_\_ P.O. \_\_\_\_\_  
P.S. \_\_\_\_\_ House No/Name of the village/Street/Road \_\_\_\_\_
19. Present Address : State WEST BENGAL  
District \_\_\_\_\_ Sub-Division \_\_\_\_\_  
Block \_\_\_\_\_ Municipality \_\_\_\_\_ Corporation \_\_\_\_\_  
Name of the Block/Municipality/Corporation \_\_\_\_\_  
GP/Ward \_\_\_\_\_ PIN \_\_\_\_\_ P.O. \_\_\_\_\_  
P.S. \_\_\_\_\_ House No/Name of the village/Street/Road \_\_\_\_\_
20. Bank IFSC \_\_\_\_\_
21. Bank Name \_\_\_\_\_
22. Bank Branch Name \_\_\_\_\_
23. Bank District Name \_\_\_\_\_
24. Bank Location \_\_\_\_\_
25. Bank A/C No. \_\_\_\_\_
26. I agree to abide by the Bina Mulya Samajik Suraksha Yojana as may be amended from time to time

(Full Signature / LTI of the applicant)

## Part - II

## NOMINATION FOR THE SCHEME

Sl No.	Name	Relationship with the applicant	Share (%)	Gender (M/F/O)	Date of Birth								Bank A/C No. Name & Branch Name of the Bank	IFSC, if available	AADHAR No.
					D	D	M	M	Y	Y	Y	Y			
					D	D	M	M	Y	Y	Y	Y			

**Place :**

Date : \_\_\_\_\_

(Full Signature / LTI of the applicant)



**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.
				D	D	M	M	Y	Y	Y	Y		
				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 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 / Commissioner 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 : \_\_\_\_\_

Full Name : \_\_\_\_\_

(Seal)

**RECEIPT**

New Registration / Existing Registration No. of the Applicant is 

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Received an application from Sri/Smt. \_\_\_\_\_

Address \_\_\_\_\_ for enrolment as beneficiary under Bina Mulya Samajik Suraksha Yojana.

Date :

Signature & Seal of the Receiving Official