## Form - I (See clause 7 of SSY read with clause 7(I) (a) of SSY (R&R), 2017)

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

1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No)		(See clause 7 of SSY read with clause 7(I) (a) of SSY (R&R), 2017)	
(For Unorganised Sector Workers, Construction Workers & Transport Workers)  Affix recent photo  BAL SURAKSHA YOJANA and the following statement relation to this applicable) and the R gistration No. is.  PART-I  My Name is Sri / Smt.:  Father's / Husband's Name:  BPL: Y/I) If yes, BPL No.  Bank A/C. No.  Permanent Address:  Present Address:  A) Name of the Block / Municipality:  A) GP / Ward of the Municipality.  Sex: Male / Female / Others:  Age:  Caste: SC / ST / OBC / Gen:  Age:  (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:  (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:  (Strike out which is not applicable)  (ii) Address of the Establishment where I employed.  (Strike out if not applicable)  Age:  (Full Signature / LTI of the Applicable)  RECEIPT		Application No.	
reby apply to enrol myself as a beneficiary under SAMAJIK SU RAKSHA YOJANA and the following statement elation to this application are given by me. I am already enrolled under WBB&OCWW Scheme / WBTWSSS while SASPFUW (strike out whichever is not applicable) and the Repart I  My Name is Sri / Smt.:  Father's / Husband's Name:  Mobile No.  BPL: Y/Y  Bank A/C. No.  BPL: Y/Y  Bank A/C. No.  Permanent Address:  Aller / Female / Others:  Marital status: Married / Unmarried / Widow / Divorcee:  Caste: SC / ST / OBC / Gen:  Date of Birth: (DD / MM / YYYY)  I am covered / not covered under the Employees' Provident I and and Miscellaneous Provisions Act, 1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No.  I am a self-employed worker / worker engaged in the scheduled unorganised sector under the Scheme. (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:	D	(For Unorganised Sector Workers, Construction Workers & Transport Workers)  Affix re photo	
elation to this application are given by me. I am already enrolled under WBB&OCWW Scheme / WBTWSSS while SASPFUW (strike out whichever is not applicable) and the R  PART - I  My Name is Sri / Smt.:  Father's / Husband's Name:  Mobile No.  BPL: Y/N  Bank A/C. No.  BPL: Y/N  Bank A/C. No.  Permanent Address:  Present Address:  Anital status: Married / Unmarried / Widow / Divorcee:  Caste: SC / ST / OBC / Gen:  Date of Birth: (DD / MM / YYYY)  I am covered / not covered under the Employees' Provident I and and Miscellaneous Provisions Act, 1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No.  I am a self-employed worker / worker engaged in the scheduled unorganised sector under the Scheme. (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:  (Strike out if not applicable)  (ii) Address of the Establishment where I employed.  (Strike out if not applicable)  My monthly family income from all sources: Rs.  I agree to abide by the Samajik Suraksha Yojana (Rules & Regulations), 2017.  (Full Signature / LTI of the Applicable)  R E C E I P T	r	Registering Authority	
relation to this application are given by me. I am already enrolled under WBB&OCWW Scheme / WBTWSSS twhile SASPFUW (strike out whichever is not applicable) and the R gistration No. is	200	oby apply to enrol myself as a beneficiary under SAMAJIK SURAKSHA YOJANA and the following state	emen
My Name is Sri / Smt.:  Father's / Husband's Name:  Mobile No.  Bank A/C. No.  Bank A/C. No.  Permanent Address:  Present Address:  a) Name of the Block / Municipality:  Sex: Male / Female / Others:  Marital status: Married / Unmarried / Widow / Divorcee:  Caste: SC / ST / OBC / Gen:  Date of Birth: (DD / MM / YYYY)  I am covered / not covered under the Employees' Provident F and and Miscellaneous Provisions Act, 1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No.  I am a self-employed worker / worker engaged in the scheduled unorganised sector under the Scheme. (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:  (Strike out which is not applicable)  (Strike out finot applicable)  (Strike out if not applicable)  (Strike out if not applicable)  (Strike out which is not applicable)  (Strike out if not applicable)  (Strike out if not applicable)  (Full Signature / LTI of the Applicable)  (Full Signature / LTI of the Applicable)			
My Name is Sri / Smt.:  Father's / Husband's Name:  Mobile No.  Bank A/C. No.  S. Bank & Branch Name.  Permanent Address:  Present Address:  a) Name of the Block / Municipality:  Sex: Male / Female / Others:  Marital status: Married / Unmarried / Widow / Divorcee:  Caste: SC / ST / OBC / Gen:  Date of Birth: (DD / MM / YYYY)  I am covered / not covered under the Employees' Provident I and and Miscellaneous Provisions Act,  1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No.  I am a self-employed worker / worker engaged in the scheduled unorganised sector under the Scheme.  (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:  (Strike out which is not applicable)  (Strike out if not applicable)  (Strike out if not applicable)  (Strike out if not applicable)  (Full Signature / LTI of the Applicable)  RECEIPT			
My Name is Sri / Smt.:  Father's / Husband's Name:  Mobile No.  Bank A/C. No.  Bank & Branch Name.  Permanent Address:  """  """  """  """  """  """  """	LVV		
Father's / Husband's Name:  Mobile No. BPL: Y/h Bank A/C. No. 5. Bank & Branch Name.  Permanent Address:  Present Address:  A) Name of the Block / Municipality: Sex: Male / Female / Others:  Marital status: Married / Unmarried / Widow / Divorcee: Caste: SC / ST / OBC / Gen: Date of Birth: (DD / MM / YYYY)  Lam covered / not covered under the Employees' Provident Land and Miscellaneous Provisions Act, 1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No)  Lam a self-employed worker / worker engaged in the scheduled unorganised sector under the Scheme. (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:			
Father's / Husband's Name:  Mobile No. BPL: Y/h		My Name is Sri / Smt. :	
Mobile No. BPL: Y/h			
Permanent Address:  Present Address:  a) Name of the Block / Municipality:  Sex: Male / Female / Others:  Marital status: Married / Unmarried / Widow / Divorcee:  Caste: SC / ST / OBC / Gen:  Date of Birth: (DD / MM / YYYY)  14 Age:  1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No)  1 I am a self-employed worker / worker engaged in the scheduled unorganised sector under the Scheme.  (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:  (Strike out if not applicable)  (ii) Address of the Establishment where I employed.  (Strike out if not applicable)  (Strike out if not applicable)  (In a gree to abide by the Samajik Suraksha Yojana (Rules & Regulations), 2017.  (Full Signature / LTI of the Applicable)  (Full Signature / LTI of the Applicable)			
Present Address:  a) Name of the Block / Municipality:  Sex: Male / Female / Others:   Marital status: Married / Unmarried / Widow / Divorcee:  Caste: SC / ST / OBC / Gen:  12 Religion:  3. Date of Birth: (DD / MM / YYYY)  14 Age:  15 I am covered / not covered under the Employees' Provident I and and Miscellaneous Provisions Act, 1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No)  1 am a self-employed worker / worker engaged in the scheduled unorganised sector under the Scheme. (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:			
Present Address:  a) Name of the Block / Municipality:  Sex: Male / Female / Others:  Marital status: Married / Unmarried / Widow / Divorcee:  Caste: SC / ST / OBC / Gen:  Date of Birth: (DD / MM / YYYY)  I am covered / not covered under the Employees' Provident I and and Miscellaneous Provisions Act, 1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No)  I am a self-employed worker / worker engaged in the scheduled unorganised sector under the Scheme. (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:			
a) Name of the Block / Municipality :			
a) Name of the Block / Municipality:		Present Address :	
a) Name of the Block / Municipality:			
Sex: Male / Female / Others:		a) Name of the Block / Municipality:	
Date of Birth: (DD / MM / YYYYY)  14 Age:			
Date of Birth: (DD / MM / YYYY)  I am covered / not covered under the Employees' Provident I and and Miscellaneous Provisions Act,  1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No	).		
I am covered / not covered under the Employees' Provident F and and Miscellaneous Provisions Act,  1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No)  I am a self-employed worker / worker engaged in the scheduled unorganised sector under the Scheme.  (Strike out which is not applicable)  (i) Name of my Occupation / Self-employment :			
1952 & ESI Act, 1948 (if yes, then provide P.F./ESI No	3.		
Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:	5.		
(Strike out which is not applicable)  (i) Name of my Occupation / Self-employment:			
(i) Name of my Occupation / Self-employment :	6.	I am a self-employed worker / worker engaged in the scheduled unorganised sector under the Scher	me.
(ii) Address of the Establishment where I employed.  (Strike out if not applicable)  7. My monthly family income from all sources: Rs		(Strike out which is not applicable)	
(Strike out if not applicable)  7. My monthly family income from all sources: Rs		(i) Name of my Occupation / Self-employment : (strike out which is not appl	псав
7. My monthly family income from all sources: Rs		(ii) Address of the Establishment where I employed.	
7. My monthly family income from all sources: Rs			
8. I agree to abide by the Samajik Suraksha Yojana (Rules & Regulations), 2017. (Full Signature / LTI of the Applications)	7	My monthly family income from all sources: Rs.	
RECEIPT		I agree to abide by the Samajik Suraksha Yojana (Rules & Regulations), 2017. (Full Signature / LTI of the A	Applica
Application No.			
1100000000 1100		Application No.	
	Rec	ceived an application from Sri / Smt	Voia

## *PART - II*DETAILS OF FAMILY MEMBERS FULLY DEPENDENT ON THE APPLICANT

Sl. No.	Name	Relationship with the applicant	Sex	Age	Whether R SASPFUW/B0 if Yes, th		BTWSSS,	Aadhar No. if any
						1000	er stelligt	
1 4	The state of the s					NE SELECTION OF THE PERSON OF		and the second second
Place :		NOMINATI		T - III	HE SCHEME	(Full S	ignature /	LTI of the Applicant
SI. No.	Name	NOMINATI	Rela	ationsh rith the oplicant	ip Sex	Age	Share	Bank A/C No., Name & Branch Name of the Bank
/ Mayo Pradha Area, l	given by: Employer / MP / or of Municipal Corporation on of Gram Panchayat, Chair Elected Members of GTA)	n / Chairman of B rman / Vice-Chair	oroug man /	h Com Cound	mittee / Sabha cillor / Commi	npati or I	Member of Municip	of Panchayat Samity cality or Corporation and hereb
certif	y that above statements	made by nim	/ ner	are t	rue to the b	est of i	my knov	fledge and belief
					Signati	ıre :		
					Full Na	ame :		
			DAD	T - V			(Seal	)
	(Foi	r Construction Wo			ansport Worke	rs Only)		
(a)	If a Construction Worker I am also willing to avail th application under e-district	e existing benefits				eme for	which I an	n submitting separat
(b)	If a Transport Worker: I am also willing to avail the application under e-district	he existing benefi				for which	ch I am su	bmitting separate
						(Full S	ignature /	LTI of the Applicant