

**Form - II**  
(See clause 7 (I) (e) of SSY(R&R), 2017)

**Identity Card-Cum-Pass Book for  
Provident Fund under SSY for unorganised Workers**

Coloured  
Photograph  
4.5cmx3.5cm

Name of Gram Panchayat / Ward No. ....

Under .....Block.....Municipality /

Municipal Corporation in ..... District.

1. Name of the beneficiary:.....

2. Father's / Husband's Name:.....

3. Aadhaar No. ....

4. Permanent Address: .....

.....

5. Date of birth: .....

6. Date of enrolment in the SSY: .....

7. Date of maturity on attaining age of 60 years: .....

8. Name & Address of the Nominee(s): .....

.....

.....

9. Relationship with the subscriber: .....

10. Age of Nominee(s):.....

11. Name of father / husband of the Nominee:.....

12. SSY A/C No. :.....

Signature of the Registering Authority

Signature of the holder

**Subscription made:**

Month& year for which Subscription made	Receipt details			Amount	Signature of Collecting Agent/SLO
	Book No.	receipt No.	Date of collection		