

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

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To
The Registering Authority

I hereby apply to enrol myself as a beneficiary under SAMAJIK SURAKSHA YOJANA and the following statements in relation to this application are given by me. I am already enrolled under WBB&OCWW Scheme / WBTWSSS/erstwhile SASPFUW (strike out whichever is not applicable) and the Registration No. is.....

1. My Name is Sri / Smt. :

2. Father's / Husband's Name :

3. Mobile No. BPL : Y/N If yes, BPL No.

4. Bank A/C. No..... 5. Bank & Branch Name.....

6. Permanent Address :

7. **Present Address :**.....

8. a) Name of the Block / Municipality :..... b) GP / Ward of the Municipality.....

9. Sex : Male / Female / Others :

10. **Marital status :** Married / Unmarried / Widow / Divorcee :

11. **Caste :** SC / ST / OBC / Gen : 12 **Religion :**

13. **Date of Birth :** (DD / MM / YYYY) 14 **Age :**

15. I am **covered** / **not covered** under the Employees' Provident Fund and Miscellaneous Provisions Act, 1952 & ESI Act, 1948 (if yes, then provide **P.F./ESI No.**.....)

16. 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)

(ii) Address of the Establishment where I employed.

(Strike out if not applicable)

17. My monthly family income from all sources : Rs.

18. I agree to abide by the Samajik Suraksha Yojana (Rules & Regulations), 2017. _____
(Full Signature / LTI of the Applicant)

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New Registration / Existing Registration No. of the Applicant is.....
Received an application from Sri / Smt.....
Address..... for enrolment as beneficiary under Samajik Suraksha Yojana.

PART - II

DETAILS OF FAMILY MEMBERS FULLY DEPENDENT ON THE APPLICANT

Sl. No.	Name	Relationship with the applicant	Sex	Age	Whether Registered under SASPFUW/BOCW/WBTWSSS, if Yes, then Regn. No.	Aadhar No. if any

Place :

Date :

.....
(Full Signature / LTI of the Applicant)

PART - III

NOMINATION FOR THE SCHEME

Sl. No.	Name	Relationship with the applicant	Sex	Age	Share	Bank A/C No., Name & Branch Name of the Bank

Place :

Date :

.....
(Full Signature / LTI of the Applicant)

PART - IV

CERTIFICATE

(To be given by : Employer / MP / MLA / Sabhadhipati of Zilla Parishad / Sabhadhipati of Siliguri Mahakuma Parishad / Mayor of Municipal Corporation / Chairman of Borough Committee / Sabhapati or Member of Panchayat Samity, Pradhan of Gram Panchayat, Chairman / Vice-Chairman / Councillor / Commissioner of Municipality or Corporation Area, Elected Members of GTA)

I know the applicant Sri / Smt..... and hereby certify that above statements made by him / her are true to the best of my knowledge and belief.

Signature :

Full Name :

(Seal)

PART - V

(For Construction Workers and Transport Workers Only)

(a) If a Construction Worker : Y / N

I am also willing to avail the existing benefits under **WBB&OCWW** scheme for which I am submitting separate application under e-district (www.edistrict.wb.gov.in/PACE)

(b) If a Transport Worker : Y / N

I am also willing to avail the existing benefits under **WBTWSS** scheme for which I am submitting separate application under e-district (www.edistrict.wb.gov.in/PACE)

.....
(Full Signature / LTI of the Applicant)