MODEL APPLICATION FORM FOR NATIONAL SOCIAL ASSISTANCE
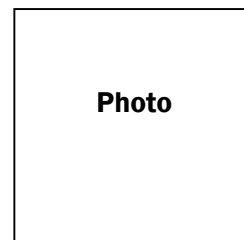## PROGRAMME (NSAP)

Pension Scheme: ☐   ☐   ☐
                           IGNOAPS   IGNWPS   IGNDPS

Photo

Name of Pensioner   : _____

Father's/Mother's Name
Or   :_____
Husband's/Wife's Name

Gender (Male/Female) :   _____

Date of Birth   _____/_____/_____
or
(Proof of Birth)_____

Category   :_____
(SC/ST/OBC/Minority/Gen.)

Address : _____

Village/locality:_____

GramPanchayat:/Ward:_____

Sub District/Block   :_____

District   :_____

State   :_____PIN _____

Aadhar no.: _____ Ration Card no.:_____

Electoral Photo Identity Card (EPIC) no._____

BPL Detail: Year:_____   Location:_____   Family ID no.:_____

Member ID no.:_____

In case of Disability Pension- Type of Disability_____
(As indicated in certificate)

Details of Bank/ Post Office Account of Pensioner: _____
(if available)

                                               Signature of the Applicant/Thumb Impression

                                  Counter Signature
                                   of Verification Officer _____

                                              Name_____

                                            Designation_____