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BANK ACCOUNT DETAILS	
Bank Name	Bank of America
Account Number	1234567890123456
Routing Number	9876543210
Account Type	Checking
Branch Name	Main Branch
Branch Address	123 Main St, New York, NY 10001
Branch Phone	(212) 555-1234
Branch Email	info@bankofamerica.com
Branch Website	www.bankofamerica.com
Branch Hours	Mon-Fri: 9am-5pm, Sat: 10am-4pm, Sun: 12pm-4pm
Branch Services	ATM, Drive-Through, Online Banking, Mobile App
Branch Fees	Monthly Fee: \$5.00, ATM Fee: \$3.00, Overdraft Fee: \$35.00
Branch Rewards	None
Branch Security	24/7 Security, CCTV, Safe Deposit Boxes
Branch Compliance	FDIC, NCUA, Equal Housing Lender
Branch History	Established 1900, Formerly Bank of New York
Branch Future	Expansion to 500+ branches by 2025

[illegible]

**FOR MANABIK SCHEME (To be filled in as per Disability Certificate Issued to the Applicant)**

Type of Disability” (Please tick (√) appropriate boxes)		
1	OH [Orthopedically Handicapped]	
2	VH [Visually Handicapped]	
3	HH [Hearing & Speech Handicapped]	
4	MI [Mental Illness]	
5	MR [Mental Retardation]	
6	MD [Multiple Disabilities]	
7	LC [Leprosy Cured]	
8	NR [Nervous Disorder]	
9	OT [Others]	

Percentage of Disability*			
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Name & Designation of certifying authority*	
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**ENCLOSURE LIST (SELF ATTESTED COPIES)** *(Please tick (✓) Appropriate Boxes)*

1	Passport size coloured Photograph *	
2	Copy of Disability Certificate from Appropriate Authority *	
3	Copy of Aadhaar Card *	
4	Copy of EPIC/Voter ID.(in case of adult)	
5	Copy of birth certificate as age proof for below 18 years	
5	Copy of Residential Certificate (Self Declaration)	
6	Copy of Caste Certificate (if applicable)	
7	Copy of first page of Bank Pass Book *	
8	Others, (please specify)	

**SELF DECLARATION**

- I give consent to the use of the Aadhaar No. for authenticating my identity for social security pension.
- Presently, I am receiving following pension(s) from Central Govt. / State Govt. / Local Administration / Govt. Aided Organization (in case the Applicant is receiving pension from any other source) [Please tick (✓) appropriate box]:-

<input type="checkbox"/> NSAP Old Age Pension	<input type="checkbox"/> NSAP Widow Pension	<input type="checkbox"/> NSAP Disability Pension
<input type="checkbox"/> Old Age Pension	<input type="checkbox"/> Widow Pension	<input type="checkbox"/> Lok Prasar Prakalpa
<input type="checkbox"/> Fisherman's Old Age Pension	<input type="checkbox"/> Farmers Old Age Pension	<input type="checkbox"/> Artisan/Weaver Old Age Pension
<input type="checkbox"/> Pension of retired Govt. Employee/family pension		

Date:

(Signature of Applicant)

(If the Manabik applicant is unable to sign his/her name, signature may be done by guardian on behalf of the applicant)

***Acknowledgement***

*Received one Manabik application from .....(Name),*  
*son/daughter/wife of .....(Father/Mother/Guardian/Husband's name).....(address)*  
*on .....(date).*

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(Signature of Receiving Officer)

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[illegible][illegible]

*Comments of Enquiry Officer regarding acceptance/ rejection of the application:*

Date:

(Signature with Stamp of Enquiry Officer)

[illegible]

**COMMENTS:-**

Date:

(Signature with Stamp of Recommending Authority)

### **Consent for AADHAR Authentication**

I, the holder of Aadhaar number ..... hereby give my consent to Women & Child Development and Social Welfare Department, Government of West Bengal to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. Women & Child Development and Social Welfare Department, Government of West Bengal has informed that my identity information would only be used for “Manabik” Prakaalpa database authentication and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for the purpose of authentication.

Signature of the Aadhaar Number Holder/I Agree

Name of the applicant .....

### **আধার প্রমাণীকরণের জন্য সম্মতিপত্র**

আমি, আধার নম্বর .....- এর ধারক নারী ও শিশু বিকাশ এবং সমাজ কল্যাণ বিভাগ, পশ্চিমবঙ্গ সরকার-কে UIDAI-এর সাথে প্রমাণীকরণের জন্য আমার আধার নম্বর, নাম এবং আঙুলের ছাপ (ফিঙ্গারপ্রিন্ট)/আইরিস ব্যবহার করার সম্মতি দিচ্ছি। নারী ও শিশু বিকাশ এবং সমাজ কল্যাণ বিভাগ, পশ্চিমবঙ্গ সরকার আমাকে বলেছেন যে শুধুমাত্র “মানবিক” প্রকল্পের ডাটাবেস প্রমাণীকরণের উদ্দেশ্যেই আমার পরিচয় ব্যবহার করা হবে এবং আরও বলেছেন যে আমার বায়োমেট্রিক্স সংরক্ষণ করা হবে না/কাউকে দেওয়া হবে না, এবং শুধুমাত্র প্রমাণীকরণের উদ্দেশ্যে CIDR-এ জমা দেওয়া হবে।

আধার নম্বর ধারকের স্বাক্ষর / আমার সম্মতি আছে

আবেদনকারীর নাম .....