

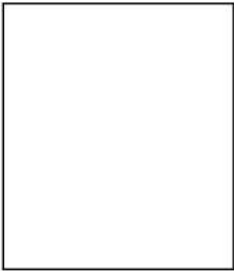
Form – I

(See Clause 7 of SSY read with clause 7(1) (a) of SSY (R&R), 2017)

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

Application No.

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**Application Form for Registration under Samajik Suraksha Yojana (SSY)
(For Unorganised Sector Workers, Construction Workers & Transport Workers)**

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&OCW Scheme/WBTWSSS/ erstwhile SASPFUW (Strike out whichever is not applicable) and the Registration No. is.....

Epic No.....

Aadhar No.

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PART-I

1. My Name is Sri / Smt. :

2. Father's / Husband's Name:

3. Mother's Name:

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

5. Bank A/C. No: 6. Bank Name.....

Branch Name..... IFSC.....

7. Permanent Address:

8. Present Address:

9. a) Name of the Block : b) Gram Panchayet :

10. Sex: (Tick on correct one) **Male / Female / Others** 11. Marital Status: **Married / Unmarried / Widow / Divorce**

12. Caste: (Tick on correct one) **SC/ST/OBC/GEN** 13. Religion:

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

15. I am covered / not covered under Employees' Provident Fund and Miscellaneous Provisions Act. 1952 & ESI Act, 1984 (if yes, then provide P.F/E.S.I 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.....

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

18. I agree to abide by the Samajik Suraksha Yojana (Rules & Regulations), 2017.

Place:
Date:



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(Full Signature/ LTI of the Applicant)

PART- II

DETAILS OF FAMILY MEMBERS FULLY DEPENDENT ON THE APPLICANT

SI No.	Name	Relationship with the applicant	Sex	Date of Birth	Whether Registered under SASPFUW/BOCWA/WBTWSSS, if yes, then Regn. No	Aadhar No. if any
1.						
2.						
3.						
4.						
5.						
6.						

✓

(Full Signature/ LTI of the Applicant)

PART – III

NOMINATION FOR THE SCHEME

SI No	Name	Relationship with the applicant	Sex	Date of Birth	Share	Bank Details
1.					100%	Bank A/C No: Bank Name: Branch Name: IFSC:

✓

(Full Signature/ LTI of the Applicant)

PART – IV
CERTIFICATE

(To be given by : Employer/MP/MLA/Sabhadhipati of Zila 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)

Place:

Date:

✓

(Full Signature/ LTI of the Applicant)