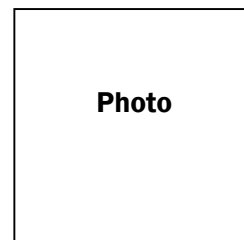


**MODEL APPLICATION FORM FOR NATIONAL SOCIAL ASSISTANCE  
PROGRAMME (NSAP)**

Pension Scheme:  IGNOAPS  IGNWPS  IGNDPS



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\_\_\_\_\_