APPLICATION FOR NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP)

Pension Scheme:	IGNOAPS	IGNWPS	[] IGNDPS	
Name of Pensioner :				_
Husband's/Wife's Name				Photo (Optional)
Gender (Male/Female/Transg Date of Birth or (Proof of Birth)			/	
Category				
(SC/ST/OBC/Minority/Gen.) Address:				
Village/locality:				_
GramPanchayat:/Ward:				
Sub District/Block	:			
District	:			
State	:	P	IN	
Aadhar no.:		Ration Ca	rd no.:	
Electoral Photo Identity Card In case of Disability Pension- (As indicated in certificate) Details of Bank/ Post Office A (if available)	Type of Disab	ility		
		Signat	ture of the Applican	t/Thumb Impression
	(Counter Signatu of Verificatio		
			Designation_	
			Name	

Consent Form

I	(Name) Beneficiary
Number	/Sanction Order number
	, holder of Aadhaar No. and Mobile
No	
consent to the implementing I	
-	
Davidson and Community C. I. I'm C	The state of the s
Development, Government of India, for using my A	
establish and authenticate my identity under National S	Social Assistance Programmes. Further,
I hereby give the consent that my Aadhaar number ma	ay be seeded with my bank account and
can be used for authentication and disbursement of per	nsion in my account.
	(Signature/Thombsinessins)
	(Signature/Thumb impression)
	Date:
	Name:
	Address:
Identified by:	
Addition of .	

(Signature)

Name:

Designation/Address: