

PART-II

DETAILS OF FAMILY MEMBERS FULLY DEPENDENT ON THE APPLICANT

Sl. No.	Name	Relationship with the applicant	Sex	Age	Whether Registered under SASPFUW / BOCW/ WBTWSSS if yes, then Regn. No.	Aadhar No., If any

Place :

Date :

(Full Signature / LTI of the Applicant)

PART-III

Sl. No.	Name	Relationship with the applicant	Sex	Age	Share	Bank A/C No., Name & Branch Name of the Bank

Place :

Date :

(Full Signature / LTI of the Applicant)

PART-IV
CERTIFICATE

(To be given by : Employer / Mp / MLA/Sabadhipati of Zilla Parishad / Sabadhipati 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 Member 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)