(See	clause 7 of SSY notified by Govt. of West Bengal, vide notification no. Dt.
	Form
Appl	lication No.
	Application Form for Registration under Samajik Suraksha Yojana (SSY) Affix recer
	(For Unorganised Sector Workers, Construction Workers & Transport Workers)
То	
The R	Registering Authority
8	
I here	eby apply to enrol myself as a beneficiary under SAMAJIK SURAKSHA YOJANA and
the fo	ollowing statements in relation to this application are given by me. I am already enrolled
under	r WBB&OCWW Scheme / WBTWSSS/ erstwhile SASPFUW (strike out whichever is
not a	pplicable) and the Registration No. is
	<u>PART-I</u>
1.	
2. 3.	
4.	
6.	5. Dank & Dianch Maine
7.	. PresentAddresss:
8.	a) Name of the Block/ Municipality: b) GP / Ward of the Municipality
9.	Sex: Male/ Female/Others:
10.	The state of the s
11.	12. Rengion.
	Date of birth: DD/MM/YYYY 14. Age
15.	I am covered/ not covered under the Employees' Provident Fund and Miscellaneous Provisions Act, 1952.& ESI Act, 1948 (if ves then provide P.F./ FSI
	Provisions Act, 1952.& ESI Act, 1948 (if yes, then provide P.F./ ESI No
16.	I am a self-employed worker/ worker engaged in the scheduled unorganised sector
	under the Scheme. (Strike out which is not applicable)
	(ii) Name of my Occupation / Self-employment : (strike out which is
	not applicable)
	(iii) Address of the Establishment where I employed
	(Strike out if not applicable)
17.	My monthly family income from all sources: Rs.
18.	I agree to abide by the Rules & Regulations of the SSY-2017.
	(Full Signature/ LTI of the Applicant

Name	Relationship with the applicant	Sex	Age	Whether Registered under SASPFUW/BOCW/WBTWSS S, if Yes, then Regn. No	Aadhar No, if any
		with the	with the	with the	with the SASPFUW/BOCW/WBTWSS

Place:						
Date:						
		D. D. IV	(Full Si	gnature/	LTI of the	Applicant)
	N	PART-III	CHENA	,		
SI.	Name	DMINATION FOR THE SO			Cl	D 1 4/641
No.	Ivallie	Relationship with the applicant	Sex	Age	Share	Bank A/C No
140.		аррисант				Name &
						Branch Name
					-	of the Bank
Place:						
Date						Applicant)
		PART-IV	(Tull Sign	nature / 1	of the	Applicant)
		CERTIFICATE				
		CERTIFICATE				
(To be	e given hy: Employer /	MP / MLA / Sabhadhipati	of 7:110	Dominhoo	l / Calalaa	J1. :
Silion	ri Mahakuma Parishad	/ Mayor of Municipal Co.	oi Ziiia	Parisnac	Sabnad	anipati of
Comp	nittee / Sabbanati or N	/ Mayor of Municipal Con	rporatioi	1 / Cna	irman of	Borough
Chair	non / Vice Chairman	Member of Panchayat Sami	ity, Prac	inan of	Gram P	anchayat,
Amon	Elected Members of CT	/ Councillor / Commission	er of M	unicipal	ity or Co	rporation
Area,	Elected Members of GT	A)				
T 1	1 1 2 2 2					
	w the applicant Sri/ Si				an	d hereby
certify	that above statements	made by him / her are true	to the b	est of r	ny knowl	edge and
belief.						
		Signature:				
		Full name:				
				(Se	al)	
		Part – V				
	(For Construct	tion Workers and Transp	ort Wo	rkers C	Only)	
		1			27	
(a)	If a Construction Work	er: Y/N				
	T 1 210					
	I am also willing to avai	I the existing benefits under W	BB&OC	WW Sch	eme for w	hich I am
	submitting separate appli	cation under e-district (www.ed	istrict.wb	o.gov.in/l	PACE	
(b)	If a Transport Worker:	V/N				
(~)	in a runsport worker.	1713				
I	am also willing to ava	ail the existing benefits under	er WBT	WSS Sc	heme for	which I
a	msubmitting separate app	lication under e-district (www.e	district.v	vb.gov.in	/PACE)	
•••••	***************************************	••••••	•••••	•••••	•••••	•••••
		RECEIPT				
Applica	ation No.					
New Re	egistration / Existing Regis	stration No. of the Applicant is				
Receive	ed an application from Si	ri / Smt				•
Address	S		ent as	beneficia	ry under	Samaiik
Suraksh	na Yojana.				,	- ····································
Date:			Signature	e & Seal	of the Rece	eiving Official