

Department of Women & Child Development and Social Welfare  
Government of West Bengal

**MANABIK**

**Application Form**

[To be filled up in English Capital letters only]

Acknowledgement No.  
(To be filled up by the office)

Attach  
Passport Size  
colored  
Photograph

**PERSONAL DETAILS**

1. Name of Applicant\*
2. Aadhaar No.
3. Voter ID No.
4. Gender\*
5. Date of Birth\*
6. Father's Name/Mother's Name/Guardian's Name\*
7. Religion\*
8. Caste\*
9. Monthly Family Income\*

**CONTACT DETAILS**

1. House/Premise No.
2. Village/Town/City\*
3. GP/Ward No.\*
4. Block/Municipality\*
5. Police Station
6. Post Office\*
7. Sub-Division\*
8. District\*
9. PIN\*
10. State\*
11. Mobile No.
12. Landline No.
13. E-mail ID (if any)

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**Acknowledgement Copy for "MANABIK" application**

Acknowledgement No.

Date:

Name of Applicant :

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Signature of Receiver with Stamp

**FOR 'MANABIK'**

1. Type of Disability\*
2. Percentage of Disability\*  
(as mentioned in the **Disability Certificate**)
3. Authority Issuing Disability Certificate\*

**1. BANK ACCOUNT DETAILS (Attach Copy of Bank Pass Book)**

1. Bank Name\*
2. Branch\*
3. Account No.\*
4. IFS Code\*

**ENCLOSURE LIST**

1. Copy of Residential Certificate (Self declaration)\*
2. Copy of Income Certificate (Self declaration) \*
3. Copy of Disability Certificate from appropriate authority duly self attested \*
4. Copy of Aadhaar self-attested
5. Copy of Voter ID self-attested
6. Copy of Ration Card self-attested
7. Copy of Bank Pass Book self-attested
8. Others (please specify)

**Declaration:** (strike out which is not applicable)

(i) If Aadhaar card has been provided.

I give/do not give consent to the use of the Aadhaar number for authenticating my identity for 'MANABIK' financial assistance.

(ii) I am not getting any type of Government Pension

**Date:**

.....  
**Signature of Applicant**

\*Marked fields are mandatory

**For office use only**

1. Acknowledgement No.
2. Name and designation of the Enquiry Officer
3. Name and designation of the Recommending Authority

**Date:**

.....  
**Signature of Enquiry Officer with comments**

**Date:**

.....  
**Signature of Recommending Authority with comments**