



# APPLICATION FORM OF OLD AGE PENSION

Fields marked with (\*) are mandatory

## Applicant's Detail :

Applicant's Name*				Photograph of the person ( on whose name pension order will be issued)  <b>(This photo is for scanning do not cross sign)</b>
Father's/ Husband's Name*				
Mark of Identifications*				
Date of Birth/Age*				
Aadhaar No.*				
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	
E-mail		Mobile No*		
Husband/Wife is alive*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Marital Status*	
Belong to SC/ST/OBC	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Religion	<input type="checkbox"/> Buddhism	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Jainism	<input type="checkbox"/> Christianity
	<input type="checkbox"/> Others (Please Specify)		<input type="checkbox"/> Islam	<input type="checkbox"/> Sikhism

## Medical Certificate age verification Detail(Only in case when age certified by PMO):

Date of Verification*		Age Verified by PMO(In Years)*	
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## Applicant's Address(where he/she is residing from last three years):

House No / Flat No *		Sector / Village*	
State/UT*		Pin Code*	
Years of Stay In Chandigarh *			

### Permanent Address

Permanent address is same where applicant is living from past 3 years

House No / Flat No. *		Sector / Village*	
Tehsil / Sub-District*		District*	
State/UT*		Pin Code*	

## Particulars of Earning Details:

How you have been maintaining yourself so far?*			
Present Total family monthly income*			
Occupation:(Before becoming unfit to Earn)*	<input type="checkbox"/> Business	<input type="checkbox"/> Farmer	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Job	<input type="checkbox"/> Student
	<input type="checkbox"/> Unemployed		
Whether in receipt of any Pension*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES indicate monthly amount *			
Property*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES provide the property details :			
Real balance and Deposits		Moveable property value	
Govt.Securities value		Immoveable property value	
Received any loan/financial assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES provide details:
Applied earlier for pension under this scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES provide details:
<b>Tehsildar Verified :</b>	Monthly Income:	Years of Stay in Chandigarh:	Verification Date:

## Details of earning family member detail :

Sr. No.	Name*	Relationship with applicant*	Address*	Monthly Income*	liabilities*
1					
2					
3					
4					
5					

## Name and address of any two responsible Persons known to the applicant:

Sr. No.	Name*	Address*
1		
2		

### Self-Undertaking

I.....Son/Daughter/Wife/Widow of Sh. .... aged ..... resident of ....., verify and declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information and document given by me is proved to be incorrect/not true, I shall be liable for prosecution under section 177 & 191 of the Indian Penal Code, which stipulates imprisonment and fine.

Date : ..... Signature: .....  
Place: ..... Name : .....

Photograph of the person applying for the certificate **with cross signature)**

**\*Without cross signature on photograph and undertaking the application will be rejected**

## For use in the office of the Tehsildar (Revenue), Chandigarh

Certified that:

- i. The applicant Sh./Smt. .... S/o, D/o, W/o, Wd/o, Sh. .... permanent resident of Chandigarh. He/She is residing in Chandigarh for the last ..... Years.
- ii. The monthly income of the applicant/family (including the income of earning sons living with the applicant) is Rs ..... (Rupees ..... only)

Tehsildar (Revenue), Chandigarh  
(with office seal)

## For use in the office of Principal Medical Officer, GMSH 16, GMCH 32 Chandigarh

Certified that:

The applicant Sh./Smt. .... S/o, D/o, W/o, Wd/o, Sh..... appeared before me in person and the age of the applicant by appearance is assessed as .....

Signature of Principal Medical Officer, Chandigarh  
(With Office Seal)

## Check List of Requisite Document Required while Applying

(Please check against the document being provided while applying)

### Applicant has to bring original documents for verification and scanning at Sampark

1	Self-undertaking signed	<input type="checkbox"/>
2	Photograph of Applicant	<input type="checkbox"/>
3	Aadhaar card	<input type="checkbox"/>
4	Residence proof (Minimum three years)	<input type="checkbox"/>
5	Date of Birth proofs / Age proof	<input type="checkbox"/>

Date: .....

Signature: .....

Name : .....

### Undertaking from Sampark Operator

It is hereby certified that the original documents as specified in the above checklist have been personally seen by me and the same have been uploaded in the online application

Date: .....

Signature: .....

Name : .....

Documentary Proof of Address	Documentary Proof of Identity	Documentary Proof of Date of Birth
<ul style="list-style-type: none"><li>● Passport</li><li>● Telephone (BSNL landline bill) on the Name of Applicant</li><li>● Election Commission Photo ID card</li><li>● Applicant's current and valid ration card</li><li>● Aadhaar Card / E-Aadhaar letter issued by government of India.</li><li>● House Allotment Letter</li><li>● Residence Certificate</li><li>● Driving License</li></ul>	<ul style="list-style-type: none"><li>● Aadhaar Card / E-Aadhaar letter issued by government of India.</li></ul>	<ul style="list-style-type: none"><li>● Birth certificate issued by a Municipal Authority or any office authorized to issue Birth and Death Certificate by the Registrar of Births &amp; Deaths</li><li>● School leaving certificate / Secondary School leaving certificate/ Certificate of Recognized Boards from the school last attended by the applicant or any other recognized educational institution</li><li>● Passport</li><li>● Pan Card</li><li>● Age assessment certificate from PMO Sector-16/Sector-32 Govt. Hospital/Govt. Dispensaries</li><li>● Senior Citizen Card</li></ul>

## Aadhaar Consent Form for Social Security Pension Scheme

I \_\_\_\_\_ S/W/D/O \_\_\_\_\_ Resident  
of \_\_\_\_\_ holder of Aadhaar  
No. \_\_\_\_\_ and Mobile No. \_\_\_\_\_ hereby give  
my consent to the Department of Social Welfare, Chandigarh Administration for using my Aadhaar  
number and mobile number to establish and authenticate my identity under Social Security Pension  
Scheme. Further, I hereby give the consent that my Aadhaar number may be seeded with my pension  
records and linked with digital locker and can be used for authentication and disbursement of pension  
in my account.

(Signature/Thumb impression)

Date:

Name:

Address: