**FORM S.S.P. I**

(Rule 6)

Application for Sandl Yojana Yojana Pension

| **District:** | .......................................................... |
| **Taluk:** | .......................................................... |
| **Village:** | .......................................................... |
| **Town:** | .......................................................... |

<table>
<thead>
<tr>
<th>1. Name of the Applicant</th>
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</thead>
<tbody>
<tr>
<td>2. Male or Female</td>
</tr>
<tr>
<td>3. Name of the father or husband</td>
</tr>
<tr>
<td>4. Full Postal Address:</td>
</tr>
<tr>
<td>(a) Temporary Address</td>
</tr>
<tr>
<td>(b) Permanent Address:</td>
</tr>
</tbody>
</table>

| 5. Age (Age on the date of application) |
| (Proofs for the stated age enclosed.) |
| If enclosed, whether they are original or copies. |

| 6. Identification Marks: |
| 1. |
| 2. |

| 7. Details of the applicant's relatives and their ages: |
| (a) |
| (b) |
| (c) |
| (d) |
| (e) |

| 8. The annual income of the applicant and his/her spouse. |

| 9. The deposits held by the applicant and his/her spouse: |
| (a) Amount |
| (b) In what Form |
| (c) Where (Institution) |
10. Whether availing old age pension/widow pension/physically handicapped pension or any other form of pension from public or private sources.

If yes, give details.

11. Occupation held by the applicant. Whether the occupation certificate in Form-SSY-I (B) is enclosed.

12. List of documents enclosed:
   1. Age Certificate
   2. Occupational Certificate
   3. Domicile Certificate
   4. Affidavit of deposit of income

All particulars furnished by me are correct to the best of my knowledge. If any information furnished by me is found at any time not true, I hereby undertake to repay to Government the pension drawn by me.

Place: .................
Date: .................

Signature of the applicant or left thumb impression

FORM SS-Y-
(Rule 31)

ACKNOWLEDGEMENT FORM

Office of the Tahsildar .............
Received on ...................... in application of Sri/Smt. ..................
...................... for Sandhya Suraksha Yojana Pension.

Place: ......................
Date: ......................

Signature: ......................
Designation: ......................
FORM SB/1(3)
(Note-1 under 2/13 6(1))

OCCUPATION CERTIFICATE

This is to certify that Sri/Smt. ......................................................
Son/husband of ...................................................... residing at No. ......................................................
                                                                                       ......................................................
is working as ................................ for the past ................................ years.

He/she is aged about ................................ years.

Place : ........................................ Date : ........................................ Signature of the Tahsildar ........................................ Taluk
FORM – SSY – II
(Rule 13)

Register of Applications for Sandhya Suraksha Yojane Pension

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the Applicant and Name of Father/Husband</th>
<th>Full Address</th>
<th>Name and Full address of Guardian, Institution, if any</th>
<th>If it is a case under rule 10 (ii) or (iii), the details</th>
<th>Date of receipt of the application</th>
<th>Date of forwarding the Application for enquiry</th>
<th>Date of forwarding the report of the Enquiring Officer</th>
<th>Date of forwarding the application to the Sanctioning Authority</th>
<th>Substantive of the recommendation</th>
<th>Order of Sanctioning Authority and Reference Number</th>
<th>Date and Number of the Pension Payment Order</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>
FORM:  S.S. - III
(Rel. 11)

Report of the Enquiring Officer

I have made necessary enquiries as required in the ESY rules and submit the following report:

1. What is the age of applicant on the date of enquiry?

2. What is the total income of applicant?
   (i) Wages Rs............ monthly
   (ii) Building rent Rs............ Annually
   (iii) Landed property income Rs............ Annually
   (iv) Interest on deposits Rs............ Annually
   (v) Family Pension Rs............ Annually
   (vi) Any other source Rs............ Annually
   (vii) Total annual family income Rs............

3. Whether He/She gets:
   (i) Old Age Pension
   (ii) Widow Pension
   (iii) Physically Handicapped Pension
   (iv) Devdasi Pension
   (v) PPF/LI linked Pension
   (vi) Family Pension
   (vii) Lands owned: extent............ acres Rs............
   (viii) House Rent Rs............

4. Is He/she resident of Karnataka since last 10 years? Has he/she enclosed domicile certificate?

5. * This is the first/second/third application of the applicant. The orders passed on the previous applications are:


7. Is His/She residing in the given address? If not then?
   Give the full Postal Address with PIN Code

8. Has He/She enclosed four passport size photographs?............

9. Mahazar of Local enquiry by the Panchayat/Municipal Member of the area and his/her Secretary/CO should be enclosed.

10. Do you recommend SSY pension?............

Place.................................
Date.................................

Signature and Designation of
the Enquiring Officer

I certify that I have verified and find the facts furnished by the Enquiring Officer as above are satisfactory to the best of my knowledge and belief.

Place.................................
Date.................................

Signature of the Tahsildar
FORM-SSY-IY
(Rule 17)

OFFICE OF THE
TAHSILDAR
................................TALUK

Subject:- Grant of Sandhya Suraksha Yojana pension to Sri/Smt. ...............

ORDER NO. ......................
Dated .........................

With reference to the report No. ...................... dated ......................... of the Enquiring Officer ...................... Held ...................... Taluk ...................... on the subject mentioned above sanction is accorded to the payment of Sandhya Suraksha Yojane Pension of Rs. ............ (Rupees ............ only) per month to the person mentioned below with effect from the date of this ORDER till his/her death or up-to cancellation whichever is earlier :-

ADDRESS: Sri/Smt. ......................
........................................
........................................

2. Payment shall be made by the District/Sub-Treasury Officer to the Post Office Savings Bank Account or Deposit intimated to the Bank Account of the beneficiary ......................

2. The pensioner/payee should intimate any change of address at any time to the Tahsildar ...................... without delay. Delay will result in the payment of pension being postponed.

3. This order is liable to cancellation if it is found that the pension was sanctioned on mistaken grounds or on false information furnished by the person of Enquiry Officer.

To

......................

......................

The District Treasury Officer

......................

Copy to: -
The Deputy Commissioner
The Pensioner/Payee
The Village Accountant
FORM – SSY – V  
(Rule 17 and 21)  

Register of Pension Payment Order’s of Sandhya Suraksha Yojane Pensions

Taluk : ............................  
District : ............................

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Pensioner with full address</th>
<th>Name and full address of Institution, if any</th>
<th>Pension Payment Order No.</th>
<th>Effective from</th>
<th>Amount of Pension</th>
<th>Date of expiry of Pension</th>
<th>Dated initials of Official in Charge</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* To be filled up in red ink

Enter the name of Institution here if the pensioner is an inmate of a poor house
FORM SSY-YY
(Rule 21)

Form of intimation of death/Change of Address, etc., of an SSY Suraksha Yojane Pensioner

District: ..........................................................
Taluk: ..........................................................
Village / Town: .............................................

1. Sri/Smt .............................................. Perno No................................................
died on the ............................................. Day of ......................... 200

2. Sri/Smt .............................................. Perno No................................................ has
   changed his/her address as follows:
   ....................................................................

3. Sri/Smt .............................................. Perno No................................................ has
   left the village. His/Her address after leaving the village is........ no
   longer known.

4. Sri/Smt .............................................. is no longer an
   inmate of ..............................................

   His/Her SSY Pension should be stopped with effect from ........ (month)
   ............. Year.

Place .........................
Date .........................

Seal.

Signature of the Village Accountant.

(* Strike out which ever is not applicable)
FORM-SSY-VII
(Rule 30 and 31)
CHECK REGISTER OF PENSION PAYMENT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Serial Number</td>
</tr>
<tr>
<td>2.</td>
<td>Order No. and Date under which pension is sanctioned</td>
</tr>
<tr>
<td>3.</td>
<td>Name of the Pensioner</td>
</tr>
<tr>
<td>4.</td>
<td>Full Address</td>
</tr>
<tr>
<td>5.</td>
<td>Name and full address of guardian/ Institution, if any</td>
</tr>
<tr>
<td>6.</td>
<td>Amount of pension (in figures and words)</td>
</tr>
<tr>
<td>7.</td>
<td>Date from which pension commences</td>
</tr>
<tr>
<td>8.</td>
<td>Change in address, if any</td>
</tr>
<tr>
<td>9.</td>
<td>Date of expiry of pension</td>
</tr>
<tr>
<td>10.</td>
<td>Other remarks</td>
</tr>
</tbody>
</table>

Dated: .................  
Signature of the Treasury Officer

Space for affixing specimen signature slip of pensioner.

Space for keeping notes regarding the report received from the Tahsildar regarding existence and condition of the Sandhya Santosh Scheme Pensioner.
FORM 3B
(RULE 35)

GOVERNMENT OF KARNATAKA
SANDHYA SURPRISHER SCHEME
IDENTIFICATION CARD

1. Name and address of the Pensioner

2. No. and date of the Order sanctioning the pension

3. Amount of Pension
   Rs
   Rupees

4. Period upto which the pension is payable

Space for Passport Size PHOTO

Identification marks:
(1)
(2)

Signature/thumb impression of the Pensioner.

Signature of the Tahsildar.