

FORM-XII

[See sub-rule (2) of Rule 39]

Application for Pension

Application No.

Fee-Rs.2/-

To,

The Secretary,

Karnataka Building and Other Construction Workers' Welfare Board,

Kalyana Suraksha Bhavana, Government ITI Compound,

Near Bangalore Dairy Circle,

Bannerughatta Road,

Bengaluru-560029.

1	Personal Details of Application:	
	I. Name of Applicant:	
	II. Age of Applicant:	
	III. Postal Address:	
	IV. Bank Name, Branch and Account Number:	
	V. Aadhar Number	
	Vi. Contact Phone Number	
2	Registration Details	
	Registration Number:	
	Date of Registration	
	Age at the time of registration/Date of Birth	
3	Date of Completion of 60 years	

4	Payment Of Subscription Amount			
	Subscription	Date/s of Payment	Bank Name& Branch	Amount
	First Subscription			
	Last Subscription			
	Number of years Registered	Total Amount of Subscriptions to be Paid	Total Amount of Subscriptions Paid	Default & Reasons
5.	Document Copies			
	a) Identify Card / Smart Card			
	b) Pass Book:			
	c) Challans of Subscription Paid			
	d) One Passport Size Photo:			
6.	Preferred mode of Payment			
	a) Money Order (Mention Address of Post Office)			
	b) Cheque/DD (Mentioned Bank Name and Branch and Account Number and Address to which Cheque is to be sent)			
	c) RTGS (Mention Bank Name and Branch and Account Number)			

The facts mentioned above are true to the best of my knowledge and information.

Place:

Date:

Name and Signature or LTI of Applicant

Acknowledgement

Received Application dated _____ from Shri / Shrimati _____

Having Registration Number _____ for monthly Pension duly filled and signed with copies of relevant documents.

Place

Date

Designation Seal and Signature of Sanctioning Officer

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Pension Sanction Order

Pension Sanction Order No:

Monthly Pension of Rs _____ is here by sanctioned to Mr/Ms _____

Residing at _____

And holding Registration Number _____ and Aadhar Card Number _____

_____ After due verification of Application No _____

And Attached Documents dated _____. As requested, Pension shall be paid by Postal Money Order / DD / Cheque / RTGS _____ to Address _____

Bank Account No & Branch _____.

Place

Date

Designation Seal and Signature of Sanctioning Officer

Pension Rejection / Cancellation Order

Pension Rejection / Cancellation Order No:

Monthly Pension of Rs _____ is here by rejected /cancelled to Mr / Ms _____

Residing at _____

And holding Registration Number _____ after due verification of
Application No _____ Dated _____/Pension Sanction No _____

Dated _____ for the following reasons:

1. _____
2. _____
3. _____
4. _____

Place

Date

Designation Seal and Signature of Sanctioning Officer