



ସାମାଜିକ ସୁରକ୍ଷା ଓ ଭିନ୍ନତା ସଶକ୍ତିକରଣ ବିଭାଗ, ଓଡ଼ିଶା ସରକାର
Social Security & Empowerment of Persons With Disabilities Department,
Government of Odisha

Madhu Babu Pension Yojana

Pension Type *

-Select-



Name As Per Aadhar *

Father's/Spouse Name *

DOB *

dd/mm/yyyy



AGE *

Upload Age Proof

Choose file

No file chosen

Gender *

-Select- ▼

Aadhar No *

* Verify Aadhar

Upload Aadhar Scan Copy

Choose file **No file chosen**

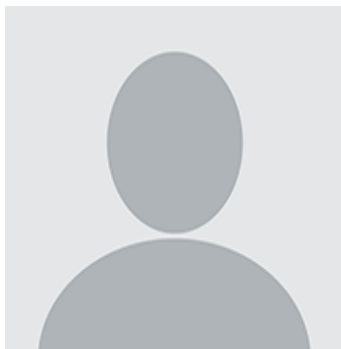
Mobile No *

State *

ODISHA

District *

-Select- ▼



Upload Image

Sub-division *

-Select- 

Address Type *

-Select- 

House No/Plot No

PIN *

Social Category(Caste) *

-Select- 

Income Certificate/R.I Report/BPL Card *

No file chosen

Additional Document

No file chosen

Upload Thumb/Signature *

No file chosen

Bank Account Details

Bank Account Type *

-Select- 

Account Holder Name *

Account Number ***Choose IFSC Code *****Choose Bank *****Choose Branch *****Upload Passbook *** **No file chosen**

Declaration

I Mr/Mrs Name of the Applicant truly declare that:

- The parental/family income of the applicant is not more than Rs.60,000/-per annum.**
- Has not been convicted of any criminal offence involving moral turpitude.**
- Is a permanent resident/domicile of Odisha since 20 years.**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it and that my pension will be terminated.

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