

**FORM-S 174-I**  
(Rule 21)

**Application for Sandhya Yojana Pension**

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

1. Name of the Applicant	
2. Male or Female	
3. Name of the father or husband	
4. Full Postal Address :  (a) Temporary Address ✓  (b) Permanent Address :	
5. Age (Age on the date of application) (proofs for the stated age enclosed/ not 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)	

<p>10. Whether availing old age pension/widow pension/physically handicapped pension or any other form of pension from public or private sources.</p> <p>If yes, give details.</p>	
<p>11. Occupation held by the applicant. Whether the occupation certificate in Form-SSY -I (B) is enclosed.</p>	
<p>12. List of documents enclosed :</p> <ol style="list-style-type: none"> <li>1. Age Certificate</li> <li>2. Occupational Certificate</li> <li>3. Domicile Certificate</li> <li>4. Affidavit of deposit of income</li> </ol>	

All particulars furnished by me are correct to the best of my knowledge. If any information furnished by me is found at any time to be 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-SSY- I (B)**  
(Rule 12)

**ACKNOWLEDGEMENT FORM**

Office of the Tahsildar ..... Itik .....

Received on ..... the application of Sri/Smt. ....

..... for Sandhya Suraksha Yojane Pension.

Place : .....

Date : .....

Signature : .....

Designation : .....

**FORM 531-I (3)**

**(Note-1 under Rule 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 ..... yrs.

Place : .....

Date : .....

**Signature of the Tahsildar**  
.....**Taluk**



**FORM - S - III**

(Rule 12)

**Report of the Enquiring Officer**

I have made necessary enquiries as required in the SSY 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..... Acre Rs..... (viii) House Rent Rs.....	
4.	Is He/she resident of Karnataka since 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 :-	
6.	What is His/Her current occupation? Enclose proof of occupation.	
7.	Is His/She residing in the given address? If not correct? Give the full Postal Address with PIN CODE.	
8.	Has He/She enclosed four passport size photographs?	
9.	Mahazar of Local enquiry signed by Panchayat/Municipal Member of the area and its 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 details 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-IV**  
**(Rule 17)**

OFFICE OF THE  
TAHSILDAR  
.....TALUK

**Subject :- Grant of Sandhya Suraksha Yojane Pension to Sri/Smt. ....**

ORDER NO. ....

Dated : .....

With reference to the report No. .... dated .....  
of the Enquiring Officer ..... Taluk ..... on the  
subject mentioned above sanction is accorded to the payment of Sandhya Suraksha Yojane  
Pension of Rs. .... (Rupees ..... ) per mensem 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/Taluk Treasury Officer to the Post  
Office Savings Bank Account or Deposit directly 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

Tahsildar

.....  
Taluk

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 : .....

Sl. No.	Name of the Pensioner with full Address	Name and full address of Institution, if any where He/She resides	Pension Payment Order No. and Date	Effective from		Amount of Pension	Date of expiry of Pension	Dated initials of Official in charge	Remarks
				Month	Year				
1	2	3	4	5	6	7	8	9	

SC 1082, 1000 copies, F-3, B/B

\* 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-VI  
(Rule 21)**

**Form of intimation of death/Change of Address, etc., of Family Suraksha Yojane Pensioner**

District : .....

Taluk : .....

Village / Town : .....

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

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

.....

3. Sri/Smt ..... Pension No. ....  
has left the village. His/Her address after leaving the village is..... not  
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.*

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(\* Strike out which ever is not applicable)



## FORM-SSY-VII

(Rule 30 and 32)

## CHECK REGISTER OF PENSION PAYMENT

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

Dated : .....

*Signature of the Treasury Officer*

Space for affixing specimen signature slip of pensioner.

Space for keeping notes regarding the reports received from the Tahsildar, regarding existence and condition of the Sandhya Sanchalita Scheme Pensioner.

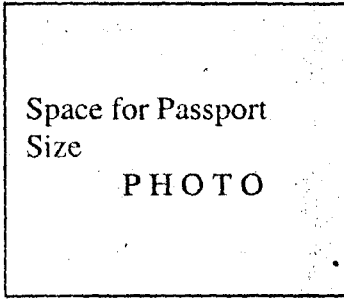
FORM 851 VIII  
(Rule 59)

GOVERNMENT OF KARNATAKA

SANDHYA SURVIVIA 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. \_\_\_\_\_  
In words : Rupees
4. Period upto which the pension is payable :



Identification marks :

- (1)
- (2)

*Signature / thumb impression  
of the Pensioner.*

*Signature of the Tahsildar.*