

**ANNEXURE - A**  
**GOVERNMENT OF TELANGANA – AASARA PENSION SCHEME**  
**APPLICATION FOR SANCTION OF NEW OLD AGE PENSION**

District	<input type="text"/>	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;">Applicant Photo</div>																					
Mandal /Municipality	<input type="text"/>																						
Gram Panchayat / Ward No.	<input type="text"/>																						
Habitation / Street	<input type="text"/>																						
1. Applicant Full Name ( As shown in Aadhar )	<input type="text"/>																						
2. Aadhar Number	<table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
3. Father's/Husband's Name	<input type="text"/>																						
4. Address	<input type="text"/>																						
5. Date of Birth (as per Aadhar)	<input type="text"/>	Age	<input type="text"/>																				
6. Gender	<input type="text" value="Male / Female"/>																						
7. Social Category	<input type="text" value="SC / ST / BC / Minority / Others"/>																						
8. Bank Account No.	<input type="text"/>	IFSC Code	<input type="text"/>																				
Bank Branch	<input type="text"/>	Mobile No	<table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				

Documents enclosed: Aadhar Card Xerox Copy

Declaration : I hereby declare that all particulars stated are true to the best of my knowledge and belief , and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

**Signature/Thumb Impression of the Applicant**