

347-1/D3W/Chd—Govt. Pross, U.T., Chd

**APPLICATION FORM TO AVAIL BENEFIT OF RS. 40,000/- UNDER THE SCHEME
"HAMARI BETI"**

To,

The Director, Social Welfare,
Chandigarh Administration.

Sul : Application to avail benefit of Rs. 40,000/- under the scheme "Hamari Beti".

Sir,

I have delivered a Girl Child on _____ at _____ (Name of the Hospital) and I am under the priority household under the National Food Security Act, 2013. I request you to make an investment in "Hamari Beti" and my other particulars are as under :-

1. Name of the Applicant (Mother/Father/Guardian)
2. Father Name/Husband Name
3. Date of Birth of Girl Child
(Attached proof of birth certificate)
4. Address (with residential proof)
5. Name of the Hospital/Dispensary/place where girl child born (with proof)
6. Total No. of Children in the family including newly born girl child
7. The benefit avail first/second time and covered under the provision of this scheme
8. In which caste do you belong
(SC/OBC/General Category)
9. Are the parents of priority household
(Attach proof of card of priority household)
10. I understand that all the particulars as detailed above are correct to my knowledge and belief that nothing has been concealed/ misled in the event of my statement. I understand that my benefit shall be withdrawn and will be liable for punishment under the law.

(Signature of the Applicant)

I have checked the documents submitted by the applicant has been found eligible/ineligible for the benefit under the scheme.

(Anganwadi Worker/Supervisor)

Forwarded to the Programme Officer with the following recommendation :-

- (1) The applicant is covered under the Scheme "Hamari Beti" and an amount of Rs. 40,000/- may be disbursed to the applicant.
- (2) The applicant is not eligible due to the following objections.

Child Development Project Officer,
Chandigarh Administration.