

FORMS OF DIKRI DEVELOPMENT SCHEME
ADMINISTRATION OF
DADRA AND NAGAR HAVELI & DAMAN and DIU, U.T
DIRECTORATE OF MEDICAL & HEALTH SERVICES

APPLICATION FORM FOR THE DIKRI DEVELOPMENT SCHEME

To
 The Director,
 Medical & Health Services,
 Dadra & Nagar Haveli,
 Silvassa.

Subject: Application regarding taking benefits under "DIKRI DEVELOPMENT SCHEME".

Respected Sir,

I have delivered live Girl / Boy /Twins . The following details are furnished herewith for taking benefit under **Dikri Development Scheme**.

1.	Applied for taking benefits of <ul style="list-style-type: none"> • Please Tick (√) which ever is applicable 	DIKRI DEVELOPMENT SCHEME.
2	Name of Applicant (Mother's Name)	
3	Name of Husband	
4	Full Address	
	House No:	
	Locality/ Area	
	Village	
	Mobile No	
5	Applicant/ Husband having Domicile of DNH/DD for DIKRI DEVELOPMENT SCHEME .	
6	Applicant belongs to SC/ST/OBC/ Other	
7	Date of Birth of applicant	
8	Date of Marriage of applicant	
9	Date of Delivery :	
10	Place of Delivery :	
11	Birth Order (1 st /2 nd / 3 rd / 4 th / 5 th)	
12	Sex of New Born Child	
13	Name of New Born Girl Child (In case of Save the Girl Child Scheme)	
14	Date of First Delivery	



MOTHERS BANK ACCOUNT DETAILS		
15	Mother's Bank Account Number	
16	Name of Bank with Branch	
17	IFSC of Bank	
18	Mother's Aadhar card details	
19	Aadhar Seeded with Bank Account	

***Self Attested Copy of all Documents should be attached with application.**

It is to certify that the above information is correct and true to the best of my knowledge and belief. The documents attached herewith are true and if found to be incorrect then the amount remitted shall be recovered back.

DATE:-

Signature /Thumb impression of Mother

C E R T I F I C A T E

This is to certify that Smt. _____, wife of Shri _____ is a resident of village/Ward _____, has delivered _____ Male/Female/Twins on date _____ at District Hospital/Sub District Hospital /Community Health Center / Primary Health Center/ Sub-Center / 108 Ambulance _____. The order of the child born is _____ (1st/2nd/3rd...). This certificate is issued for release of benefit under the scheme for **Dikri Development Scheme**.

DATE: -

Signature of ANM : _____

Name of ANM : _____

Name of Sub Centre: _____



**CERTIFICATE OF ANTENATAL CARE VISITS AT
PRIVATE HOSPITAL/GOVT. INSTITUTIONS OF DNH/DD**

This is to certify that Smt. _____, wife of Shri _____ is a resident of village/Ward _____, has undergone _____ number of ANC visits at _____ Hospital (name) & has delivered Male/Female/ Twins on date _____ at _____.

This certificate is issued for release of benefit under the scheme for **Dikri Development Scheme.**

Date : -

Signature of Doctor : _____

Name of Doctor : _____

Seal/ stamp of hospital: _____

ANNEXURE -IV

**DEPARTMENT OF HEALTH & FAMILY WELFARE,
DADRA & NAGAR HAVELI & DAMAN & DIU, UT.
Dikri Development Scheme**

RECEIPT FOR INDIVIDUAL

No. _____

Date: / /

Received Rs. 42372/- (Rupees Forty Two Thousand Three Hundred Seventy Two Only) under Save the Girl Child Scheme/ Dikri Development Scheme from Office of the Medical Superintendent, Shri Vinoba Bhave Civil Hospital, Silvassa, Dadra & Nagar Haveli (U.T.) / Directorate of Medical & Health Services, Moti Daman & Diu Govt. Hospital.

Signature / Left Hand Impression of Shri / Smt. _____

Passed for Payment `.....
(Rupees.....
.....)



Annexure V : -

List of Abbreviations:

1. ANC : Antenatal Care
2. ANM : Auxillary Nurse Midwife
3. CRS : Civil Registration Sample
4. SPO : State Programme Officer (RMNCH+A)
5. I/C : Incharge
6. M.O. : Medical Officer
7. CHO : Community Health Officer
8. HWC : Health Wealth & Center

