

10. Attested copy of savings bank account pass book (with IFSC and MICR details). The bank account submitted should be preferably Aadhar linked for DBT (Direct Benefit Transfer) purpose.

**NOTE:**

1. The application shall be submitted within six months, from the date of Civil Marriage Registration. All applications received beyond the specified period of six months shall be rejected. Provided that a delay of upto further six months if any may be condoned by Directorate of Women and Child Development for justified reasons in writing.
2. Applicants shall attach their recent passport size photograph only. Edited photographs shall not be attached.

**Annexure – II**

(Fill in the blanks and strike out whichever is not applicable)

**SELF-DECLARATION**

Passport size signed Photograph of the applicant
--

I, \_\_\_\_\_ daughter of Shri \_\_\_\_\_  
aged \_\_\_\_\_ years, Indian National, resident of \_\_\_\_\_  
do hereby state and declare as under:

1. That I have applied for financial assistance under the Laadli Laxmi Scheme.
2. That I am born at \_\_\_\_\_, State \_\_\_\_\_ on \_\_\_\_\_
3. That I have completed 18 years of age as on \_\_\_\_\_ and that I am not above 45 years of age.
4. That I belong to \_\_\_\_\_ religion.
5. That I belong to SC/ST/OBC/OTHERS category.
6. That I have been residing at the above notified address for last \_\_\_\_\_ years and that I am resident of Goa for the last \_\_\_\_\_ years.
7. That my mother, \_\_\_\_\_ (name of mother) aged \_\_\_\_\_ years is born in Goa/ outside Goa and is also the resident of Goa for the last \_\_\_\_\_ years and is alive till date/died on \_\_\_\_\_
8. That my father, \_\_\_\_\_ (name of father) aged \_\_\_\_\_ years is born in Goa/ outside Goa and is also resident of Goa for last \_\_\_\_\_ and is alive till date/died on \_\_\_\_\_.
9. (a) That I have studied/studying in Goa from Std. \_\_\_\_\_ to \_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_ (till date) for \_\_\_\_\_ years.  
(b) That I am working/unemployed/self employed in Goa for the period from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ years.
10. That my mother is working/self employed/retired/pensioner/unemployed at \_\_\_\_\_ (name and address of the Organization) having annual income of Rs. \_\_\_\_\_/-.
11. That my father is working/self employed/retired/pensioner/unemployed at \_\_\_\_\_ (name and address of the Organization) having annual income of Rs. \_\_\_\_\_/-.
12. That apart from the above my parents do not have any other source of income.
13. That my annual family income is Rs. \_\_\_\_\_/- per annum and does not exceed Rs. 3,00,000/- per annum.
14. That the information given above is true and correct, and nothing stated is false and I shall be responsible for correctness of the information.

Declared on this \_\_\_\_\_ th day of month of \_\_\_\_\_ of the year \_\_\_\_\_

\_\_\_\_\_  
DECLARANT

**Consent for Authentication**

I, the holder of Aadhaar number \_\_\_\_\_, hereby give my consent to Directorate of Women & Child Development to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. Directorate of Women & Child Development has informed me that my identity information would only be used for Laadli Laxmi Scheme and also informed that my biometrics will not be stored/shared and will be submitted to Central Identities Data Repository only for the purpose of authentication.

(Signature of the Aadhaar Number Holder/I agree)

Sr. No. \_\_\_\_\_

**PRE-RECEIPT**

Received with thanks from Director of Women and Child Development, Panaji a sum of Rs. 1,00,000/- (Rupees one lakh only) in the form of Fixed Deposit Receipt (FDR)/Cash towards financial assistance under Laadli Laxmi Scheme.

Affix Rs. 1/-  
Revenue  
stamp

Date :

Name: \_\_\_\_\_

Place:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sr. No. \_\_\_\_\_

**PRE-RECEIPT**

Received with thanks from Director of Women and Child Development, Panaji a sum of Rs. 1,00,000/- (Rupees one lakh only) in the form of Fixed Deposit Receipt (FDR)/Cash towards financial assistance under Laadli Laxmi Scheme.

Date:

Name: \_\_\_\_\_

Place:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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