## ANNEXURE - II

## SAVE THE GIRL CHILD

Union Territory of Dadra & Nagar Haveli Medical Superintendent, Shri VinobaBhave Civil Hospital, Silvassa

## APPLICATION FORM FOR SAVE THE GIRL CHILD SCHEME

To The Medical Superintendent, Shri VinobaBhave Civil Hospital, Dadra & Nagar Haveli, Silvassa

SUB: Application regarding taking benefit of `. 41,799/- under "SAVE THE GIRL CHILD" Sir,

I have given birth to a girl child. The following details are furnished herewith for taking benefit under "SAVE THE GIRL CHILD":

1	Name of Applicant (Mother)	
2	Name of husband	
3	Full Address (Resident certificate must be attached)	
,	House Number	
	Locality	
	Village	
	Block/Tehsil/Taluka	
4	District District	
4	Date of birth of applicant (mother) (Birth Certificate of Mother must be attached if available)	
5	Date of marriage of applicant (Marriage proof i.e. Marriage Certificate, Certificate issued by Religious organization, social organization, marriage card etc. must be attached)	
6	Date of birth of new born girl child	
7	Proof of institutional delivery (Certificate issued by Hospital/ Clinic in prescribed format must be attached)	
8	Name of new born girl child (Birth certificate must be attached)	
9	Number of surviving child/children to the applicant including this birth (boy & girl)	
10 Name of girl child/children in the family		
10	Name of girl child/children in the family already benefited under SAVE THE GIRL CHILD scheme	
11	Whether belonging to SC/ST/OBC/Other	
12	Whether belonging to BPL families	
13	Any other information if required	

It is therefore requested that the benefit of `. 41,799/- under "SAVE THE GIRL CHILD SCHEME" may please be sanctioned in favour of my above named new born daughter.

I have also attached herewith a pre-stamped acknowledgement receipt for `. 40000/
Place: \_\_\_\_\_\_ Thumb impression/Signature

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

It is to certify that the above information is true and correct to the best of my knowledge and belief.

Place: \_\_\_\_\_ Thumb impression/Signature

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

Witnesses: \_\_\_\_\_
With Name and Address: