

Name:

Date:

"Aapki Beti Hamari Beti" Women & Child Development Department Haryana Government Application Form



Beneficiary ID No. (to be assigned at the time of data	entry)				
Please Tick one (V) Rural		rban	, , ,	, 1	
Name of Applicant (Mother/Father/Guard Adhaar Card number of Applicant:- Father's Name					Photograph of Applicant
Name of Mother of beneficiary			Correspondence	 e Address	
House No		Street/Sector	r/Mohalla		No
DistrictPhone NO. With STD CodeE-Mail		District	h STD Code.		
Name of 1 st /Elder Girl Child					
Date of Birth of 1 st Girl child	(DD) (MM)	/ <u>(YYYY)</u>			
Adhaar Number of 1 st Girl child Name of 2 nd Girl Child (Write NA in case of only one girl child)					
Date of Birth of 2 nd Girl Child :- Adhaar Number of 2 nd Girl child	(DD) (MM)	/ (<u>(</u> (YYYY))			
Name of 3 rd Girl Child (Write NA in case of only one girl child)	(DD) (MM)	, (YYYY)			
Date of Birth of 3 rd Girl Child :— Adhaar Number of 3 rd Girl child					
Total no. of children in family including live			of Girls		
Category of applicant SC Please tick (v) one only Below Poverty Line (BPL) Yes (Please tick (v) one only)	BC If Yes BPL No.	Other		No	
1	Certificate	e particular provide	d by me are true	to the best of	my knowledge.
In case, the information is found inco		•	•		,
			Signature of Ap	plicant	
I verify that Smt Girl/3 rd Girl child. The name of 1 st /2 nd /3 rd (<u>Verifica</u> W/o Girl Child has been register		has give di centre.	en birth to the	e 1 st Girl /2 nd
Signature of Supervisor/LHV Name:			Signature of An	ganwadi Wor	ker/ANM
Date:	Scrutiny		Date:	icar for nave-	ant/invastment
On the basis of verification done by supervisions. Signature of Dealing Assistant	visor of the circle, I forward	i tile case to Distric	Signature of CD		ent/investment.

Name:

Date: