

Signature of Dealing Assistant

Name:

Date:

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



[District Block	
	Please Tick one (V) Rural Urb	an
١	Name of Applicant (Mother/Father/Guardian)	Photograph
	Adhaar Card number of Applicant:-	Annlinant
F	Father's Name	Applicant
١	Name of Mother of beneficiary	
1	Permanent Address	Correspondence Address
H	House No	House No
	Street/Sector/Mohalla	Street/Sector/Mohalla
	/illage/ City	Village/ City
I	PIN Code Mobile No	Tehsil Mobile No
	District	District
P	Phone NO. With STD Code.	Phone NO. With STD Code.
E	-Mail	E-Mail
1	Name of 1 st /Elder Girl Child	
	(DD) / (MM)	(YYYY)
l	Date of Birth of 1 st Girl child	
ļ	Adhaar Number of 1 st Girl child	
ı	Name of 2 nd Girl Child	
((Write NA in case of only one girl child)	
	(DD) (MM)	(YYYY)
	Date of Birth of 2 nd Girl Child :-	
1	Adhaar Number of 2 nd Girl child	
	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	
1	Total no. of children in family including live birth:- No. of Boys	No. of Girls
	Category of applicant SC BC	Other
E	Please tick (v) one only Below Poverty Line (BPL) (Please tick (v) one only) If Yes BPL No.	No No
	O-stifft-	
ı	Certificate	articular provided by me are true to the best of my knowledge.
I	In case, the information is found incorrect, my application may	
		Signature of Applicant
		Date
,	Verify that Smt. W/o	<u>on</u> has given birth to the 1 st Girl /2 nd
(Girl/3 rd Girl child. The name of 1 st /2 nd /3 rd Girl Child has been registered	in the Anganwadi centre.
	Signature of Supervisor/LHV Name :	Signature of Anganwadi Worker/ANM Name :
	Date :	Date :

Signature of CDPO/MO

Name:

Date: