



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



Beneficiary ID No.
 (to be assigned at the time of data entry)

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District _____ Block _____
 Please Tick one (√) Rural Urban



- Name of Applicant (Mother/Father/Guardian) _____
- Adhaar Card number of Applicant:-

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- Father's Name _____
- Name of Mother of beneficiary _____
- Permanent Address _____

Correspondence Address

House No. _____
 Street/Sector/Mohalla _____
 Village/ City _____
 Tehsil _____
 PIN Code

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 Mobile No. _____
 District _____
 Phone NO. With STD Code. _____
 E-Mail _____

House No. _____
 Street/Sector/Mohalla _____
 Village/ City _____
 Tehsil _____
 PIN Code

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 Mobile No. _____
 District _____
 Phone NO. With STD Code. _____
 E-Mail _____

6. Name of 1st /Elder Girl Child

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7. Date of Birth of 1st Girl Child (DD) / (MM) / (YYYY)

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8. Adhaar Number of 1st Girl child

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9. Name of 2nd Girl Child
 (Write NA in case of only one girl child)

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10. Date of Birth of 2nd Girl Child :- (DD) / (MM) / (YYYY)

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11. Adhaar Number of 2nd Girl child

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12. Name of 3rd Girl Child
 (Write NA in case of only one girl child)

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13. Date of Birth of 3rd Girl Child :- (DD) / (MM) / (YYYY)

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14. Adhaar Number of 3rd Girl child

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15. Total no. of children in family including live birth:- No. of Boys No. of Girls

16. Category of applicant SC BC Other

17. Please tick (√) one only Below Poverty Line (BPL) Yes If Yes BPL No.

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 No

18. Is there Toilet in the house Yes No

Certificate

I _____ certify that the particular provided by me are true to the best of my knowledge. In case, the information is found incorrect, my application may be cancelled at any stage.

Signature of Applicant
 Date :

Verification

I verify that Smt. _____ W/o _____ has given birth to the 1st Girl / 2nd / 3rd Girl child. The name of 1st / 2nd / 3rd Girl Child has been registered in the Anganwadi centre.

Signature of Supervisor/LHW
 Name : _____
 Date : _____

Signature of Anganwadi Worker/ ANM
 Name : _____
 Date : _____

Scrutiny

On the-basis of verification done by supervisor of the circle, I forward the case to District Programme Officer for payment/ investment.

Signature of Dealing Assistant
 Name : _____
 Date : _____

Signature of CDPO/MO
 Name : _____
 Date : _____