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

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

District _____ Block _____

Please Tick one (√) Rural ☐ Urban ☐

Photograph of Applicant

1. Name of Applicant (Mother/Father/Guardian)_____
2. Adhaar Card number of Applicant:-
3. Father's Name _____
4. Name of Mother of beneficiary _____
5. Permanent Address / Correspondence Address

Permanent Address	Correspondence Address
House No _____	House No _____
Street/Sector/Mohalla _____	Street/Sector/Mohalla _____
Village/ City _____	Village/ City _____
Tehsil _____	Tehsil _____
PIN Code ☐☐☐☐☐☐ Mobile No. _____	PIN Code ☐☐☐☐☐☐ Mobile No. _____
District _____	District _____
Phone NO. With STD Code. _____	Phone NO. With STD Code. _____
E-Mail . _____	E-Mail . _____

6. Name of 1st /Elder Girl Child
7. Date of Birth of 1st Girl Child (DD) / (MM) / (YYYY)
8. Adhaar Card number of 1st Girl Child
9. Name of 2nd Girl Child
(Write NA in case of only one girl Child)
10. Date of Birth of 2nd Girl Child :— (DD) / (MM) / (YYYY)
11. Adhaar Card number of 2nd Girl Child
12. Total no. of children in family including live birth: - No. of Boys ☐ No. of Girls ☐
13. Category of applicant SC ☐ BC ☐ Other ☐
14. Please tick (√) one only
Below Poverty Line (BPL) ☐ Yes If Yes BPL No. ☐☐☐☐☐☐☐ No ☐
(Please tick (√) one only)

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 /2nd Girl child. The name of 1st /2nd Girl Child has been registered in the Anganwadi centre.

Signature of Supervisor/LHV
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:-