



Annexure-III

**DIKRI DEVELOPMENT SCHEME (DDS)
Union Territory of Daman & Diu
Directorate of Medical & Health Services**

Application form for Dikri Development Scheme

To,
The Director, Medical & Health Services/
Health officer,
Daman / Diu.

Sub: Application regarding taking benefit of Rs. 10,000/- under " Dikri Development Scheme" in the U.T. of Daman & Diu.

Sir / Madam

I have given birth to a girl child. The following details are furnished herewith for taking benefit under "Dikri Development scheme".

1	Name of Applicant (Mother)	:	
2	Name of husband	:	
	Son of		
3	Full Address: (Resident certificate must be attached)	:	
	House number		
	Locality		
	Village		
	Block / Tehsil / Taluka		
	District		
4	Date of birth of applicant (Mother) (Birth Certificate of Mother must be attached)	:	
5	Date of Marriage of applicant <i>(Marriage proof i.e. Marriage Certificate, Certificate issued by Religious organization, social organization, marriage etc. must be attached)</i>	:	
6	Date of birth of newborn girl child	:	
7	Proof of institutional delivery <i>(Certificate issued by Hospital /Clinic in prescribed format must be attached)</i>	:	
8	Name of newborn girl child <i>(Birth Certificate must be attached)</i>	:	
9	Number of surviving child / children to the applicant including this birth(Girl)	:	
10	Name of girl child/children in the family already benefited under Dikri Development 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 Rs.10,000/- under "Dikri Development Scheme" may please be sanctioned in favor of my above-named new born daughter.

I have also attached herewith a pre-stamped acknowledgement receipt For Rs. 10,000/- (Rupees Ten Thousand Only)

Place: Thumb impression / Signature

Dated: Name:.....

Telephone / Mobile No.

CERTIFICATE

It is to Certify that the above information are true & correct to the best of my knowledge & belief.

Place:

Thumb impression / Signature

Dated:

Name:.....

Witnesses:

With Name and Address:

Sr. No	Name	Address & Telephone / Mobile Number	Signature
1			
2			