

Annexure II

Government of Andhra Pradesh
(Women Development and Child Welfare Department)
APPLICATION FOR ENROLLMENT OF GIRL CHILD [GENERAL]
Under New Girl Child Protection Scheme Vide GO MS No. , dated:

(i) Family Survey No.

(ii) Project Name :

(iii) AWC Name:

(AWW to Provide)

(iv) AWC Code :

Particulars of Girl Child		
District:	<input style="width: 95%;" type="text"/>	<div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> Photo of Girl With Parents to be attested by AWW/Supervisor </div>
Mandal:	<input style="width: 95%;" type="text"/>	
Village or Municipality:	<input style="width: 95%;" type="text"/>	
Habitation or Ward:	<input style="width: 95%;" type="text"/>	
D. NO.:	<input style="width: 95%;" type="text"/>	
Street:	<input style="width: 95%;" type="text"/>	

First Child Details			
Surname:	<input style="width: 95%;" type="text"/>		
Name:	<input style="width: 95%;" type="text"/>		
Date of Birth:	<input style="width: 95%;" type="text"/>	Birth Registration No.:	<input style="width: 95%;" type="text"/>
Date of Registration:	<input style="width: 95%;" type="text"/>	Place of Registration:	<input style="width: 95%;" type="text"/>
Identification Marks:	1) <input style="width: 95%;" type="text"/> 2) <input style="width: 95%;" type="text"/>		

Second Child Details			
Surname:	<input style="width: 95%;" type="text"/>		
Name:	<input style="width: 95%;" type="text"/>		
Date of Birth:	<input style="width: 95%;" type="text"/>	Birth Registration No.:	<input style="width: 95%;" type="text"/>
Date of Registration:	<input style="width: 95%;" type="text"/>	Place of Registration:	<input style="width: 95%;" type="text"/>
Identification Marks:	1) <input style="width: 95%;" type="text"/> 2) <input style="width: 95%;" type="text"/>		
Caste	<input style="width: 95%;" type="text"/>		
Family Covered under	JBY	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes. LIC Id No. _____
	AABY	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes. LIC Id No. _____
	Abbayahastam	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes. LIC Id No. _____

White Ration Card Details			
Card No.:			
Year of Issue :		Place of Issue:	
District:			

Voter ID Card Details			
Card No.:			
Year of Issue :		Place of Issue:	
District:			

Present Address			
Door No:		House No.:	
Street Name/No.:		Sector Name/No.:	
Locality:		District Name:	
Mandal/Town/City Name:		Ward/Village Name:	
Pin code:			

Permanent Address			
Door No:		House No.:	
Street Name/No.:		Sector Name/No.:	
Locality:		District Name:	
Mandal/Town/City Name:		Ward/Village Name:	
Pin code:			

Particulars of Parents/Guardian			
	Father	Mother	Guardian
Name			
Address			
Age/DOB			
Occupation			
Total Annual Income of family:			
Remarks:			

Particulars of Girl Child and Other Siblings in the family						
Sl.No.	Name	Male/ Female	Date of Birth	Class	Name of School, Place	Other particulars If any
1.						
2.						
3.						
4.						
5.						

Family Planning Details:			
Undergone Family Planning:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of the Hospital	
		Date of Operation	

Declaration

1. Undertaking of Parent/Guardian/Head of the Institutions:-

I, Sri/Smt. _____ and Sri/Smt. _____, parents /Guardian of baby _____ a resident of _____ Village _____ Mandal of _____ District hereby agree to the terms and conditions of the Government for admission of our child under the Girl Child Protection Scheme.

2. I declare that we have not availed of the scheme at any time.

3. I here by declare that we have only one girl child/two girl children and have undergone family planning operation on _____ at _____ Hospital after one girl/two girl children. We have no other children.

4. My Family income from all sources is Rs. _____ Per annum

5. Certified that the information furnished above is correct and if proved false at any time or for violation of any of the terms and conditions spelt out in the scheme, the amount deposited/ accrued on behalf of our child shall be forfeited/recovered summarily under RR Act and we are Liable for prosecution.

Name:

Relationship:

Signature:

Date:

Certified that the Above Information is Verified and found to be correct.

Signature of AWW		Name:		Date:	
Signature of Supervisor		Name:		Date:	
Signature of CDPO/Stamp		Name:		Date:	

Enclosures List

Date of Birth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sterilization Certificate Issued by Medical Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bonafied Certificate issued By school	Yes <input type="checkbox"/> No <input type="checkbox"/>	Xerox copy of White Ration Card	Yes <input type="checkbox"/> No <input type="checkbox"/>
Income Certificate issued by MRO	Yes <input type="checkbox"/> No <input type="checkbox"/>		