

**Annexure III**  
**Government of Andhra Pradesh**  
(Women Development and Child Welfare Department)  
**APPLICATION FOR ENROLLMENT OF GIRL CHILD**  
**[Orphan/Disabled]**

Under New Girl Child Protection Scheme, Vide GO MS No. , dated:

**i) Family Survey No.**

**(ii) Project Name :**

**(iii) AWC Name:**

**(iv) AWC Code :**

**(AWW to Provide)**

Particulars of Girl Child			
District:	<input style="width: 95%;" type="text"/>	Photo of Girl with Parents/Guardian to be attested by AWW/Supervisor	
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./H.NO:	<input style="width: 95%;" type="text"/>		
Street:	<input style="width: 95%;" type="text"/>		
Name:	<input style="width: 95%;" type="text"/>		
Surname:	<input style="width: 95%;" type="text"/>		
Date of Birth:	<input style="width: 40%;" type="text"/>	Birth Registration No.	<input style="width: 40%;" type="text"/>
Date of Registration:	<input style="width: 40%;" type="text"/>	Place of Registration:	<input style="width: 40%;" type="text"/>
Category of Child:	Orphan: <input type="checkbox"/> Destitute: <input type="checkbox"/> Disabled: <input type="checkbox"/>		
Percentage of Disability:	<input style="width: 40%;" type="text"/> %		
Category of Disability:	Visually: <input type="checkbox"/> Orthopedic: <input type="checkbox"/> Hearing Speech Impaired: <input type="checkbox"/> Mentally Retarded: <input type="checkbox"/>		
Caste:	<input style="width: 95%;" type="text"/>		
Identification Marks:	1) 2)		

<b>Family Covered under</b>	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							
	Total Children			Male		Female	
Sl.No.	Name	Male/Female	Date of Birth	Class	Name of School, Place		Other particulars If any
1.							
2.							
3.							
4.							
5.							

Particulars of Stay at Institution					
Date of Admission:		Admission No:			
Age of Child on Admission to Institution:		Period of stay:			
Institution Address:					
<b>Signature of Parent/Guardian with designation</b>		Name:		Date:	

### Declaration

**1. Undertaking of Parent/Guardian/Head of the Institution:-**

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

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

**3.** I hereby declare that Kum \_\_\_\_\_ is a complete orphan/ a destitute forsaken by her family and has no family to fall back on. She has been an inmate of our institution from \_\_\_\_\_ to \_\_\_\_\_..

**OR**

She has \_\_\_\_\_ (nature of disability) and \_\_\_\_\_ extent of disability (more than 80% disability will be eligible)

**4.** My Family income from all sources is Rs. \_\_\_\_\_ Per annum

**OR**

She has no income/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 or any benefits received by us 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.

<b>Signature of AWW</b>		Name:		Date:	
<b>Signature of Supervisor</b>		Name:		Date:	
<b>Signature of CDPO</b>		Name:		Date:	

### Enclosures List

Date of Birth Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Disability Certificate Issued by Chief 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"/>			