



**CHANDIGARH ADMINISTRATION  
DEPARTMENT OF SOCIAL WELFARE**



**APPLICATION FORM FOR AVAILING POST NATAL ASSISTANCE  
FOR SCHEDULED CASTE WOMEN.**

1.	Name of the applicant	:	_____
2.	Name of Husband	:	_____
3.	Occupation with detail	:	_____
4.	Monthly Income	:	_____
5.	Address (self)	:	_____
6.	Correspondence Address	:	_____
7.(a)	Attach Residence Certificate indicating issuing authority and No. and Date.	:	_____
		:	_____
(b)	Place of Birth of Child and date of delivery.	:	_____
(c)	No. of living children other than present child & the benefit avail first/ second time.	:	_____
8.	Education Qualification	:	_____
9.	a. Passport size photograph duly attested by gazetted officer	:	_____
	b. Caste certificate issued by competent authority	:	_____
	c. Proof of resident	:	_____
	d. Proof of family income.	:	_____
	d. Birth certificate of child	:	_____

Signature of applicant

**VERIFICATION REPORT**

Verified that particulars mentioned in applicant is eligible for grant of assistance amount for Rs..... which may kindly be sanctioned in the name of Smt..... W/o Sh.....

Signature of Supervisor

Forwarded to the D.S.W with the recommendation.

The applicant received the Post Natal Financial Assistance Scheme and an amount of Rs.1000/-may be disbursed to the applicant.

Child Development Project Officer  
UT, Chandigarh