



CHANDIGARH ADMINISTRATION  
DEPARTMENT OF SOCIAL WELFARE



**APPLICATION FORM TO AVAIL BENEFIT OF RS.5,000/- UNDER THE SCHEME  
“APNI BETI APNA DHAN”**

To

The Child Development Project Officer,  
Chandigarh Administration

Subject: **Application to avail benefit of Rs.5,000/- under the Scheme “Apni Beti Apna Dhan”.**

Madam,

I have delivered a Girl Child on \_\_\_\_\_, I request you to make an investment in ‘Apni Beti Apna Dhan’ Scheme of Unit Trust of India worth Rs.5,000/-. Other particulars are as under:-

1.	Name of the Applicant	:	
2.	Name of Husband	:	
3.	Date of Birth/ Age of Mother	:	
4.	Address (with residential proof)	:	
5.	Name of Girl Child	:	
6.	Date of birth of Girl Child (attached attested copy of Birth Certificate)	:	
7.	Total No. of children in the family including newly born girl child.	:	
8.	The benefit avail first/ second time.	:	
9.	To which caste do you belong (SC/OBC/ General Category)	:	
10.	Are parents income tax payee	:	
11.	Monthly income of the family	:	

**(Signature of Applicant)**

I have checked the documents submitted by the applicant has been found eligible/ ineligible for the benefit under the scheme.

**Signature of the Supervisor**

Forwarded to the Director Social Welfare with the following recommendation:-

- (i) The applicant is covered under the Scheme “Apni Beti Apna Dhan” and an amount of Rs.5,000/- may be disbursed to the applicant.
- (ii) The applicant is not eligible due to the following objection.

Child Dev. Project Officer,  
Chandigarh Administration