

BALIKA SAMRIDHI YOJNA (BSY)

APPLICATION FORM FOR OBTAINING THE POST-BIRTH BENEFIT OF Rs.500/- (FOR RURAL AREAS)

(No document other than the application form is necessary for obtaining the post birth benefit of Rs.500/-)

To

Child Development Project Officer

Subject:- Balika Samridhi Yojna – application for obtaining the post – birth benefit of Rs.500/-.

Madam/ Sir,

I have given birth to a girl child. Details are furnish below :-

1.	Name of applicant (Mother) _____
2.	Name of housband _____ son of _____
3.	Full address : House number _____ Street _____ Locality _____ Village _____ Block/ Tehsil/ Taluk _____ District _____
4.	Date of birth of applicant (Mother) _____
5.	Date of birth of newborn girl child _____
6.	Place of birth of newborn girl child _____
7.	Name of newborn girl child _____
8.	Number of girl children in the family already benefited under BSY excluding the newborn girl child _____
9.	Whether belonging to i) SC _____ ii) ST _____ iii) OBC _____ iv) Others _____

2. It is requested that the post-birth benefit of Rs. 500/- under BSY may be sanctioned in favour of my newborn daughter.

Authorisation :

I hereby authorize the implementing agency for BSY to open an interest-bearing account in the joint name of my new born daughter above and the implementing agency in a bank or post office nearest to me and, subject to the adjustment to be made as requested below (if any), to deposit the post- birth benefit therein. The BSY benefit of annual scholarships when the girl child starts attending school may also be deposited in the same account which will mature and become payable to the girl child on her attaining the age of eighteen years, subject to her having remained unmarried till then. No pre-mature withdrawal from this account will be permissible In the event of the girl child having married before attaining the age of eighteen years, the amount at credit in the account attributable to annual

Adjustment requested to be made :

An amount of Rs. _____ (Rupees _____ only) may be paid to me in cash from the post-birth benefit of Rs. 500/- being the premium deposited towards the Bhagyashree Balika Kalyan Bima Yojna policy number _____ taken in the name of the girl child above. Receipt number _____ dated _____ for payment of the insurance premium is enclosed herewith in original (to be enclosed by applicant).

2. The amount of Rs. _____ (Rupees _____ only) remaining after allowing the above adjustment from the post-birth benefit may be deposited in the interest-bearing account as per the above authorization.

Signature of applicant-mother

Date: _____

Place: _____