

BALIKA SAMRIDHI YOJNA (BSY)

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

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

To

Civil Surgeon / Medical Officer Incharge
_____ Municipality.

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 furnished 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 above named 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 girls 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 scholarships and the interest accrued thereon shall stand forfeited and will revert to the implementing agency. In the contingency of the death of the girl child before attaining the age of eighteen years, the entire amount at credit in the account shall stand forfeited and will revert to the implementing agency.

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: _____

Verification And Report:

Verified and reported that:

1. Smt. _____ wife of Shri _____ of House Number _____ Street _____ Town/ City _____ has given birth to a girl child on (date) _____ as per Birth Register/ Birth Certificate.
2. The girl child has been given the following immunization: BCG/ Measles/ DPT/ Polio.
3. The family of Smt. _____ wife of Shri _____ of Town/ City _____ has been shown at serial number _____ in the list of families below the poverty line under (name of BPL survey _____).
OR, The family is a BPL family as per the criteria mentioned in BSY guidelines.
4. The total number of beneficiaries in the family under BSY including the newborn girl child above is _____.

Urban Anganwadi Worker/ Multi
Purpose Health Worker (Female)/
Health Supervisor (Female)/
Revenue Officer/ Municipal
Officer

Place _____
Date _____

Signature of Secretary/
Executive Officer
Municipality

Place _____
Date _____

SANCTION

This is to sanction Rs.500/- as post-birth benefit in favour of (new born girl child) _____ daughter of Smt. _____ wife of Shri _____ of Town/ City _____ under BSY. The sanction has been approved/ will be retified by a resolution of the Municipality. This sanction order will be notified on the notice board of the Municipality .

**Signature
Secretary/ Executive Officer
Municipality**

Place : _____

Date : _____

In pursuance of the above sanction, an interest-bearing account has been opened in the joint name of the newborn girl child above and (name and designation of the officer of the implementing agency) _____ and the passbook for the same has been handed over to the applicant (mother of the newborn girl child) as per the details below:-

1. Name of bank or post office where account opened _____.
2. Date of opening of account _____.
3. Deposit scheme under which account opened and number of account opened _____.
4. Amount deposited : Rs. _____ (Rupees _____ only)
5. Passbook number _____.
6. Amount paid in cash to applicant (mother) as reimbursement of insurance premium as per the application : Rs. _____ (Rupees _____ only)

**Name designation & Signature
of officer of implementing authority**

Place : _____

Date : _____

RECEIPT

Received the following from be implementing agency:-

1. Cash amount of Rs. _____ (Rupees _____ only) as reimbursement of insurance premium as per the application.
2. Passbook number _____ for Rs. _____ (Rupees _____ only)

**Signature of applicant
(mother)**

Place : _____

Date : _____

Note:- Model forms relating to BSY benefit of annual scholarships when the girl child starts attending school will be devised and circulated to State Governments/ Union Territory Administrations.

RECEIPT

Received application for obtaining the post-birth benefit of Rs. 500/- in favour of (name of newborn girl child) _____ from Smt. _____ wife of Shri _____ of Town/ City _____ on _____.

Urban Anganwadi Worker/ Multi Purpose Health Worker (Female)/ Health Supervisor (Female)/ Revenue Officer/ Municipal Officer

Place _____
Date _____

Note :

1. Please approach the Ward Councillor/ Chairperson, Municipality if the time taken in providing the benefit of Rs.500/- exceeds 90 days from the date of application.
2. Please enclose a copy of this receipt alongwith with the complaint regarding delay.