

Government of Puducherry
Department of Women and Child Development
Application Form for Aravanaippu Scheme
Form-I [See Rule 5(i)]

▼ **Application Details**

- 1. Name of the Applicant***
- 2. Adhar / UID No. of the Applicant**
- 3. Husband Name***
- 4. Residential Address***

- 5. Email Id**
- 6. Mobile No.**
- 7. Telephone No.**
- 8. Region*(Karaikal/Mahe/Puducherry/Yanam)**
- 9. Constituency**
- 10. Village**
- 11. Applicant's Age***
- 12. Annual Income of the applicant and her spouse***
(Enclose income certificate issued by Revenue Department)
- 13. Date of Birth of girl child***

- 14. Place of birth of girl child***
- 15. Family Details:**

Name	Relationship
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- 16. Whether the applicant belong to*(SC/ST/Other Backward Class/Others)**
- 17. Whether the Applicant is differently abled?**
- 18. Whether the applicant benefited under this scheme earlier***

(a) If Yes, Provide the Year*

(b) Name of the child*

(c) Date of Birth of the child*

19. Bank Details

(a) **Name of the Bank***

(b) **Account Number***

(c) **Name of the Branch***

(d) **MICR/IFSC Code***

(e) **Type of Account***

Disclaimer

Applicant/Beneficiaries shall submit all the enclosures/certificates in original in person to the department to the concerned section within 7 days from the date of uploading the application or otherwise this application will deemed to have been rejected and advise to apply fresh.

I hereby declare that the details mentioned above are true to my knowledge.
