

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

▼ [Application Details](#)

1. Name of the Applicant*

2. Aadhar/UID No.

3. Age*

4. Husband's Name*

5. Residential Address*

6. Email Id

7. Mobile No.

8. Telephone No.

9. Region* (Karaikal/Mahe/Puducherry/Yanam)

10. Constituency

11. Village

12. Period of continuous residence in the Union territory of Puducherry*

13. Annual Income*(Enclose income certificate from Revenue Department)

14. Details of Children*

Name

Age

15. Name of the hospital/PHC/SHC/CHC where the applicant undergone medical checkup*

16. Probable date of Pregnancy*

17. Expected date of Delivery*

18. Caste*

19. Whether the Applicant differently abled?*

20. Whether benefited under the scheme earlier?*

Provide the Year

Name

Date of Birth

21. 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 ~~an~~ the enclosures/certificates in original in person to the department to the concerned section within 7 days from the date of up~~lo~~ading the application or otherwise this application will deemed to have been rejected and advise to apply fresh.

I hereby declare that the above stated information are true and correct to the best of my knowledge and belief. If any information provided by me is found to be false, I hereby agree to repay the entire amount recieved by me.