

LAKE LADKI YOJANA

Application and Installment Demand / Document Verification Form

Information to be filled by Anganwadi Sevika

1. Name of Anganwadi Sevika _____

2. Mobile Number of Anganwadi Sevika _____

3. Name of Anganwadi Centre _____

4. Anganwadi Centre Code Number _____

5. Date of registration of beneficiary in Anganwadi Centre _____ / _____ / _____ (DD/MM/YYYY)
6. Name of Village / Town _____

7. Taluka _____ District _____
8. Pin Code _____

Checklist of Attached Documents

Sr. No.	Document	Documents enclosed? Tick applicable
1	Aadhaar Card of Beneficiary	Yes () No () Not Applicable ()
2	Aadhaar Card of Beneficiary's Mother	Yes () No () Not Applicable ()
3	Beneficiary's Birth Certificate	Yes () No () Not Applicable ()
4	Aadhaar Card of parents if the beneficiary's mother is not alive	Yes () No () Not Applicable ()
5	Annual income certificate of family (less than one lakh)	Yes () No () Not Applicable ()
6	Proof of Residential / Domicile Address (Maharashtra State)	Yes () No () Not Applicable ()
7	Family Planning Certificate	Yes () No () Not Applicable ()
8	Bonafide Certificate of School	Yes () No () Not Applicable ()
9	Beneficiary's self-declaration certificate regarding singleness at the time of taking fifth installment	Yes () No () Not Applicable ()

Date of Application submitted by Anganwadi Sevika: _____ / _____ / _____ (DD/MM/YYYY)

Dated: _____ / _____ / 20____ Place: _____

Name and Signature of Anganwadi Worker: _____

Information to be filled by Supervisor

I, Smt. _____

have verified that the information provided in the form
is duly filled.

Dated _____ / _____ / 20____

Beat Code _____

Place _____

Name and Signature of Supervisor _____

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Delivery Receipt to be given by the Anganwadi Sevika to the Beneficiary

(1st Installment / 2nd Installment / 3rd Installment / 4th Installment / 5th Installment)

Name of Anganwadi Sevika _____

Anganwadi Centre Code No. _____

Name of Village / Town _____

Taluka _____ District _____

State Maharashtra

Beneficiary Name _____

Date ____ / ____ / ____

The form is submitted along with the documents as per the checklist.

Dated: ____ / ____ / 20____ Place: _____

Signature of Anganwadi Sevika: _____