

ANNEXURE – III
MATRU SAMRUDDHI YOJANA (MSY)
UNION TERRITORY OF
DADRA AND NAGAR HAVELI
DIRECTORATE OF MEDICAL & HEALTH SERVICES

To,
Director
Medical & Health Services,
Dadra and Nagar Haveli,
Silvassa.

Subject: - Application regarding taking benefit of ` . 5000 /- under “MatruSamruddhiYojana” in the UT of Dadra and Nagar Haveli.

Sir,

I have given live birth it a girl / boy child. The following details are furnished herewith for taking benefit under MatruSamruddhiYojana. (MSY)

1.	Name of Applicant (Mother’s Name)	
2.	Name of Husband	
3.	Full Address (Resident certificate Must be attached)	
	House Number	
	Village	
	Street / Falia / Pada	
	District	
4.	Birth Date of Mother (Birth certificate of mother must be attached)	
5.	Date of Delivery	
6.	Sex of New Borne Child (M / F)	
7.	Birth Order (1 st /2 nd Attached No. of Delivery Certificate from ANM of concerned area)	
8.	Proof of Govt. instutional Delivery (certificate Issued By DNH/CHC/PHC/Dispensary)	

Signature of Mother _____

ANNEXURE –VI

CERTIFICATE

This is certify that Smt. _____
Wife of Shri _____ has delivered 1st/2nd
Male / Female Child on Dt. _____ at _____ District Hospital /
CHC/ PHC/ Dispensary / Sub-Centers.

Signature of ANM: - _____

Name of ANM: - _____

Name of Sub-Centre: - _____