

# APPLICATION FORM FOR REGISTRATION OF BENEFICIARY UNDER PLANNED FAMILIES SCHEME

Affix Passport size  
Attested  
Photograph

Name of Girl

1. Name of Girl:	
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2. Name of Father:	
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3. Name of Mother:	
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4. Residential Address in full with pin code:	
	PIN

5. Date of birth of the Girl: *	DD	MM	YY

6. Belongs to Scheduled Tribe:	YES	NO
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7. Bank A/C Number	
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8. Identification Marks:	(1)
	(2)

I certify that the above information furnished by me is correct. I am UNMARRIED

Signature of Father/  
Guardian

Signature of Applicant

Left Thumb Impression of  
The Applicant

Certified that the information furnished above by the applicant \_\_\_\_\_  
D/o Shri/Smti. \_\_\_\_\_ is correct to the best of my knowledge.

SIGNATURE  
Head of institution/Thasilder /Pradhaan with seal

\* Certificate to prove age / Birth Certificate/ Bonafide Certificate to be attached duly attested by a gazetted officer/Principal.