



**Annexure-IV**  
**MATRU SAMRUDHI YOJNA (MSY)**  
**Union Territory of Daman & Diu**  
**Directorate of Medical & Health Services**

.....**Application**  
**form for Matru Samrudhi Yojna**

To,  
The Director, Medical & Health Services/  
Health officer,  
Daman / Diu.

**Sub: Application regarding taking benefit of Rs. 5,000/- under “Matru Samrudhi Yojna” in the U.T. of Daman & Diu.**

Sir / Madam

I have given birth to a girl / boy child. The following details are herewith for taking benefit under “Matru Samrudhi Yojana”.

1	Name of Applicant (Mother)	:	
2	Name of husband	:	
	Son of		
3	Full Address: <i>(Resident certificate must be attached)</i>	:	
	House number		
	Locality		
	Village		
	Block / Tehsil / Taluka		
	District		
4	Date of birth of applicant (Mother) <i>(Birth Certificate of Mother must be attached)</i>	:	
5	Date of Marriage of applicant <i>(Marriage proof i.e. Marriage Certificate, Certificate issued by Religious organization, social organization, marriage etc. must be attached)</i>	:	
6	Date of birth of newborn child	:	Sex: Male/Female
7	Proof of institutional delivery <i>(Certificate issued by Hospital /Clinic in prescribed format must be attached)</i>	:	
8	Number of surviving child / children to the applicant including this birth (Boy / Girl)	:	
9	Whether earlier taken benefit of ‘Matru samrudh Yojana’ If Yes , than details	:	
10	Whether belonging to SC/ST/OBC/Other	:	
11	Whether belonging to BPL families		
12	Any other information if required	:	

It is therefore requested that the benefit of Rs.5,000/- under “Matru Samrudhi Yojna” may please be sanction in favor of me.

I have also attached herewith a pre-stamped acknowledgement receipt  
For Rs. 5,000/- (Rupees Five Thousand Only)

Place: ..... Thumb impression / Signature

Dated: ..... Name:.....

Telephone / Mobile No. ....

**CERTIFICATE**

It is to Certify that the above information are true & correct to the best of my knowledge & belief.

Place: ..... Thumb impression / Signature

Dated: ..... Name:.....

Witnesses:

With Name and Address:

Sr. No	Name	Address & Telephone / Mobile Number	Signature
1			
2			