Form

Application for marriage grant to Men/Women under Mukhya Mantri Sukh Aashray Yojna (To be submitted 6 months in advance or after 6 months of marriage) (Once in life time)

1.	Name of applicant			Photograph
2.	Father's Name		Date of Death	
			Date of Death	
4.	Guardian's Name			
5.	Permanent Home Ad	dress of applicant		
	Village	Post Office	PinCode	
	Panchavat	Tost Office Tehsil	PinCode District	
6.	Date of birth of the a	nnlicant	District	
7.	Aadhar No.	PP		
8.	Bank Detail of applic	cant; Name of branch_		
9.	IFSC code &			
10.	Account No. (Aadha	r seeded)		
11.	BPL Number (if any))	he applicant is being married.	
12.	Name, and address of	f person with whom, the	he applicant is being married.	
	Name	S/o, D/o Sh/Smt	•	
	Village	Post Office	Pin CodeDistrict	
	Panchayat	Tehsil.	District	
13.	Date of Birth of boy/	girl with whom, the ap	oplicant is being married	_
14.	Aadhar Number of p	roposed spouse		
15.	Age of applicant at t	he time of marriage _		
16.	Age of proposed spo	use at the time of marr	riage	
17.	Proposed date of man	riage		
18.	Amount of assistance	e required:-		
	Signature of the A	pplicant		
	Correspondence Add	ress		

I	daughter /son/wife of	of Sh
Village	Pos	st Office
Tehsil	District	_ (H.P.) solemnly affirm that all the
particulars given in t	he application form are true	e and no facts have been concealed. I
also declare that I h	ave not/will not avail the g	rant under Mukhyamantri Kanyadan
Yojna or any other	scheme of similar nature	for this period for the purpose of
Marriage.		

Signature of Applicant/thumb impression

Following documents are required to be enclosed along with application form:-

- 1. Birth certificate of girl & boy (applicant & proposed spouse).
- 2. Death Certificate of Father & Mother.
- 3. Certificate of declaration from concerned District Programme Officer, after approval from District Child Welfare and Protection Committee regarding eligibility for availing benefits under the scheme as per clause No. 6 and 9 of the Mukhya Mantri Sukh Aashray Yojna notified vide letter No. SJE-A-F(4)-3/23 dated 28/02/2023.
- 4. Certificate form CWC regarding declaration of abandoned /surrendered child.
- 5. Copy of Aadhar of applicant and proposed spouse.
- 6. Himachali Bonafide certificate of applicant issued by competent officer.

Or

Certificate of residency in the State of HP for a period of at least 5 years to be issued by concerned Deputy Commissioner on the basis of the report of the CDPO/ Social Investigation Report (SIR) conducted by the social worker of the DCPU/ Report of Patwari/ concerned Panchayat Secretary and submitted through DPO.

- 7. Certificate to the effect that the applicant is a resident of the Child Care Institution /After Care Institution of the state (to be issued by DCPO & counter signed by DPO).
- 8. BPL Certificate (if any)
- 9. Copy of bank account pass book of the applicant.
- 10. Proof of marriage (counter signed by DPO concerned)

or

Certificate of proposed date of marriage issued by Secretary/ executive Officer of Gram Panchayat/ Nagar Panchayat/ Nagar Parishad/Municipal Corporation/ Council.

Certification by the Gram Panchayat/M.C.

T 7*11	
Village	
District	(H.P.) in the
and that his/he	er marriage has been
Sig	nature
Secretary/ Execu	itive Officer
Nagar Parishad/ N	Nagar Panchayat/ M.C amp)
ion report	
Tehsil	
nge grant under the M pplicant has not availe ay Yojna/ Mukhyaman	ukhya Mantri Sukl d/applied earlier fo
Signature of District Pro (Stan	
	Sig Secretary/ Execution Form Panchayat/ Nagar Parishad/ Nagar

Form **Application for Coaching grant under Mukhya Mantri Sukh Aashray Yojna**

1 7	. Ta	o of o1:	ant.			Photograph	
1. I	nam Foth	er's Name	ant	(Dooth of	Death)		
	Mother's Name(Death of Death) Guardian's Name						
			ne Address of applic	eant			
				ost Office			
	v IIIc Pin	ige Code	Panchayat	Teh	Distt		
6	Data	e of hirth of	I alichayat_ f the annlicant	1 CII.	Disti	•	
0. 7	Dau A adl	e of offill of har No	the applicant				
8 I	Ranl	Detail of a	annlicant: Branch N	ame			
			applicant, Branch 1				
			er (Aadhar seeded)				
11. I	BPL	Number (i	fany)				
12. I	Exis	ting Educat	ional Qualification_				
<i>a</i>	r	C1	0 D 1/		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Sr. N	0.	Class		_	Marks obtained/	Percentage	
			University	the examination	Total Marks		
12 7	Jon	a of the act	rea into which aco	hing is to be pursue	<u> </u> d		
		ition of the				_	
			re of the course incl	uding:		_	
			Ctha agrama				
15.(i	ii) H	ostel Charg			_		
15.(i	iii) N	Mess charge	es (if any)		_		
15.(i	iv) A	Any other cl	narges		_		
					ch coaching is to	be pursued	
1	Nam	e of the Ins	titute				
	Add	lress of the	Institute				

Signature of the Applicant Date:-		
Correspondence Address		

I	daughter/son of	Sh
Village		Post Office
Tehsil	District	(H.P.) solemnly affirm that all the
particulars given	in the application form to	rue and no fact has been concealed. I also
declare that I hav	e not/will not avail the g	rant under Mukhya Mantri Sukh Aashray
Yojna or any otl	her scheme of similar r	ature for this period for the purpose of
coaching.		

Signature of Applicant/thumb impression

Following documents are required to be enclosed along with application form:-

- 1. Birth certificate of applicant.
- 2. Death certificate of father and mother.
- 3. Certificate of declaration from concerned District Programme Officer, after approval from District Child Welfare and Protection Committee regarding eligibility for availing benefits under the scheme as per clause No. 6 and 9 of the Mukhya Mantri Sukh Aashray Yojna notified vide letter No. SJE-A-F(4)-3/23 dated 28/02/2023.
- 4. Certificate form CWC regarding declaration of abandoned /surrendered child.
- 5. Copy of Aadhar Card.
- 6. Himachali Bonafide certificate of applicant issued by competent officer.

Or

Certificate of residency in the State of HP for a period of at least 5 years to be issued by concerned Deputy Commissioner on the basis of the report of the CDPO/ Social Investigation Report (SIR) conducted by the social worker of the DCPU/ Report of Patwari/ concerned Panchayat Secretary and submitted through DPO.

- 7. BPL Certificate (if any)
- 8. Copy of bank account pass book of the applicant.
- 9. Certificate of existing educational qualification.
- 10. Admission certificate of the coaching institute.
- 11. Copy of fees structure of the course.

Certified that	particulars	given	in	the	application	form	submit	tted	by
Sh./Smt./Ku			daug	ther/	son	of	Sh.	/5	Smt.
					Village	·		P	ost-
office					Tehsil				
Distt	(H.P.) hav	e been	verifi	ed and	d found eligib	ole as po	er the gi	uidel	ines
of the scheme.	Hence recom	mended	d for	sancti	on of coachin	ng gran	t under	Muk	hya
of the scheme. Hence recommended for sanction of coaching grant under Mukhya Mantri Sukh Aashray Yojna. It is also verified that the applicant has not availed/applied for the coaching grant under Mukhya Mantri Sukh Aashray Yojna or any other scheme of similar nature of this Department for this period for the purpose of coaching grant.									
Date:-				Signa	nture of Distri	ct Progr Stamp)	amme C	Office	er/

Form **Application for Higher Education (Academic) under Mukhya Mantri Sukh Aashray Yojna**

1.	Name of applie	aant			Photograph
2.	Name of applic				
3.			Death Death		
<i>3</i> . 4.		me			
- . 5.		me Address of applic			
٥.		* * *	Pin Cod	e	
	Panchayat	1 O Teh	Tin Cod Distt		
6.			Disti		
7.	Andhar No	71 the applicant			
8.	Rank Detail of	Sannlicant: Branch N	ame		
9.	IFSC code	applicant, Dranen iv			_
	Account numb	er (Aadhar seeded)			
					_
12.	Educational Quantum Property of the Education of the Educ	ualification			_
Sr.	Class	Name of Roard/	Vear of Passing	Marks obtained/	Percentage
No.		University	the examination	Total Marks	1 creentage
110		Oniversity	the examination	1 Otal Walks	
13.	Name and add (Academic).	ress of the institute i	nto which admission	to be pursued for Hig	gher Education
13	(i) Name of the	Institute			
15	(II) Tradiciss of t			·····	
14.	Name of the co	urse into which adm	ission to be pursued_		<u> </u>
15.	Duration of the	Course			_
		are of the course incl			

16(i) Tuition fee of the course						
16(ii) Hostel Charges (if any)	-					
16(iii) Mess charges (if any)	-					
16(iv) any other charges	-					
Signature of the Applicant Date:-						
Correspondence Address						

		_		
	I	daughter/s	son of Sh	
	Village		Post Of	
	also declare that	in the application to I have not/will not any other scheme	form are true and ot avail the grant	solemnly affirm that all the no fact has been concealed. I under Mukhya Mantri Sukh for this period for the purpose
			Signature of A	applicant/thumb impression
Fo	ollowing docume	nts are required to	be enclosed along	with application form:-
1.	Birth certificate	of applicant.		
2.	Death certificate	e of father and mother	er (Copy of panchy	vat parivar register).
3.	from District C availing benefits	Child Welfare and s under the scheme a	Protection Commas per clause No.	gramme Officer, after approval attee regarding eligibility for 6 and 9 of the Mukhya Mantri 4)-3/23 dated 28/02/2023.
4.	Certificate form	CWC regarding dec	laration of abando	ned /surrendered child.
5.	Copy of Aadhar	Card.		
6.	Himachali Bona	fide certificate of ap	plicant issued by o	competent officer.
	Or			
	by concerned D Investigation Re	eputy Commissione	r on the basis of the doubt by the social w	of at least 5 years to be issued the report of the CDPO/ Social orker of the DCPU/ Report of through DPO.
7.	BPL Certificate	(if any)		
8.	Copy of bank a IFSC Code & A	-	of the applicant d	epicting Bank Name, Branch,
9.	Certificate of ex	isting educational qu	ualification.	
10	. Admission certif	ficate to the Institute	, where the applie	d course is to be pursued.
11	. Copy of fees str	ucture of the course,	as specified by the	e Institute.
				Care Institution in case if the
		Child Care Institut		
		ı.//Ku		
				(UD) is the av resident
		1 ens11		(H.P.) is the ex-resident tution.

Signature District Child Protection Officer (Stamp)

Signature In-charge/ Superintendent (Stamp)

erimea	ınaı	particulars	given	ın	ıne	application	iorm	submitted	бу
Sh./Smt./Ku	1		laugther/	son o	f Sh /Sı	nt			
Village		Post-of	fice			Tehsil_			
District		_(H.P.) have	been ve	rified	and fo	und eligible as	per the	guidelines o	f the
scheme. Hei	nce rec	ommended fo	r sanction	n of g	rant for	Higher Educat	ion unde	er Mukhya M	[antri
Sukh Aashr	ay Yoji	na. It is also	verified t	hat th	e applie	cant has not av	ailed/app	olied for the	gran
under Mukl	hya Ma	antri Sukh A	ashray Y	ojna	or any	other scheme	of simi	lar nature of	this
Department	previou	usly for this po	eriod for t	he pu	rpose o	f Higher Educa	tion (Aca	ademic).	
	Date:-				S	signature of Dis	trict Pro	gramme Offic	cer/
						C	(Stamp		

Form Application for Vocational Training under Mukhya Mantri Sukh Aashray Yojna

1.	Name o	of applicant				Photograph
2.	Father'	ath				
3.						
4.						
5.			Address of applicant		L	
			PO	Pin Code		
	Pancha	ıyat	Teh	Distt.		
6.	Date of					
7.	Aadhar	· No				
8. 9.	Bank I					
10.	Accour	nt Number ((Aadhar seeded)			
11.			ny)			
12.			fication			
	Sr. No.	Class	Name of Board/ University	Year of Passing the examination	Marks obtained/ Total Marks	Percentage
	Training	•	of the institute into		•	Vocational
13(ii) Addres	s of the Ins	titute			
			nto which admission to			
15.	Duration	of the Cour	·se			

16. Total expenditure of the course including hostel fees, tuition fees etc	
16(i) Tuition fee of the course	
16(ii) Hostel Charges (if any)	
16(iii) Mess charges (if any)	
16(iv) Any other charges	
Signature of the Applicant Date:-	
Correspondence Address	
··	

	I	daughte	r/son of Sh.	
	Village		Post	Office
	Teh.	Distt	(H.F	P.) solemnly affirm that all the
	also declare t	that I have not/will a or any other schen	not avail the gr	and no fact has been concealed. I rant under Mukhya Mantri Sukh ure for this period for the purpose
			Signature o	of Applicant/thumb impression
Fo	ollowing docur	nents are required t	o be enclosed al	ong with application form:-
1.	Birth certifica	ate of applicant.		
2.	Death certific	eate of father and mot	ther (copy of pane	chyat parivar register).
3.	from District availing bene	t Child Welfare and fits under the schem	d Protection Core as per clause N	Programme Officer, after approval mmittee regarding eligibility for No. 6 and 9 of the Mukhya MantriF(4)-3/23 dated 28/02/2023.
4.	Certificate for	rm CWC regarding d	eclaration of aba	ndoned /surrendered child.
5.	Copy of Aadl	nar Card.		
6.	Himachali Bo	onafide certificate of	applicant issued	by competent officer.
	Or			
	by concerned Investigation	Deputy Commission	ner on the basis of the social	riod of at least 5 years to be issued of the report of the CDPO/ Social l worker of the DCPU/ Report of tted through DPO.
7.	BPL Certifica	ate (if any)		
8.		k account pass book Account Number.	of the applican	nt depicting Bank Name, Branch,
9.	Certificate of	existing educational	qualification.	
10	. Admission ce	ertificate to the Institu	ite, where the app	olied course is to be pursued.
11	. Copy of fees	structure of the cours	se, as specified by	the Institute.
Certificati	ion by the Su	perintendent of the	Concerned Chil	d Care Institution in case if the
		of Child Care Instit		
daugther/s	on of Sh/Smt.	T. 1 '1	Village	(IID); 41 ; 1 , 4
Post-Offic	e	Iehsil	Distt	(H.P.) is the ex-resident
of the			Child Care I	ทรเนนนิดท.

Signature
District Child Protection Officer
(Stamp)

Signature
In-charge/ Superintendent
(Stamp)

Certified	that	particulars	given	in	the	application	form	submitted	by
Sh./Smt./K	Cu		daugther/	son o	f Sh /Sı	nt			
Village		Post-of	ffice		Tehsil_				
District		(H.P.) have	been ve	rified	and fo	und eligible as	per the	guidelines o	f the
scheme. H	Ience re	ecommended 1	for sancti	on of	grant	for Vocationa	l Trainir	ng under Mu	khya
Mantri Sul	kh Aash	ray Yojna. It i	s also ve	rified	that the	applicant has	not avail	led/applied fo	r the
grant unde	r Mukh	ya Mantri Suk	th Aashra	y Yoj	na or a	ny other schen	ne of sin	nilar nature of	`this
Departmen	nt previo	ously for this p	eriod for 1	the pu	rpose o	f Vocational Ti	aining.		
	Date:-				S	Signature of Dis	strict Pro	gramme Offic	er/
							(Stamp)	

Form **Application for Skill Development under Mukhya Mantri Sukh Aashray Yojna**

1 Name of applicant	Photograph
 Name of applicant Father's Name Date of Death 	
3. Mother's Name Date of Death	
4. Guardian's Name	
5. Permanent Home Address of applicant	
VillPO Pin Code	
Panchayat Teh. Distt.	
6. Date of birth of the applicant	
7. Aadhar No.	
8. Bank Detail of applicant; Branch Name	
9. IFSC code	_
10. Account number (Aadhar seeded)	
11. BPL Number (if any)	
12. Educational Qualification	
12. Educational Qualification_	-
Sr. Class Name of Board/ Year of Passing Marks obtained	ed/ Percentage
No. University the examination Total Marks	
13. Name, and address of the institute into which admission to be pursued for Skill	Development
	-
13 (i) Name of the Institute	
13 (ii) Address of the Institute	
14. Name of the course into which admission to be pursued	
15. Duration of the Course	
16. Total expenditure of the course including hostel fees, tuition fees etc	
16(i) Tuition fee of the course	

16(ii) Hostel Charges (if any)	-
16(iii) Mess charges (if any)	-
16 (iv) Any other Charges	
Signature of the Applicant	
Date:-	
Correspondence Address	

	Ι	daughter/son o	of Sh.	
	Village		Post Office	
	Teh.	Distt	(H.P.) solemnly affirm that all t	he
	particulars given		n are true and no fact has been concealed	
	also declare that	I have not/will not av	vail the grant under Mukhya Mantri Su	kh
	Aashray Yojna or of Skill Developm		similar nature for this period for the purpo	se
		;	Signature of Applicant/thumb impression	
F	ollowing document	ts are required to be e	enclosed along with application form:-	
1.	Birth certificate o	f applicant.		
2.	Death certificate	of father and mother (co	opy of panchyat parivar register).	
3.	from District Chavailing benefits	nild Welfare and Proto under the scheme as pe	d District Programme Officer, after approximated to Committee regarding eligibility for clause No. 6 and 9 of the Mukhya Man No. SJE-A-F(4)-3/23 dated 28/02/2023.	or
4.	Certificate form (CWC regarding declarat	tion of abandoned /surrendered child.	
5.	Copy of Aadhar o	eard.		
6.	Himachali Bonafi	de certificate of applica	ant issued by competent officer.	
	Or			
	by concerned De Investigation Rep	puty Commissioner on port (SIR) conducted by	IP for a period of at least 5 years to be issue the basis of the report of the CDPO/ Socy the social worker of the DCPU/ Report and submitted through DPO.	ial
7.	BPL Certificate (if any)		
8.	Copy of bank ac IFSC Code & Ac	<u> </u>	ne applicant depicting Bank Name, Branc	:h,
9.	Certificate of exis	sting educational qualifi	ication.	
10). Admission certifi	cate to the Institute, wh	nere the applied course is to be pursued.	
11	l. Copy of fees struc	cture of the course, as s	specified by the Institute.	
Certificat	ion by the Superi	ntendent of the Conce	erned Child Care Institution in case if t	he
		hild Care Institution.		
It i	is certified that Sh.	//Ku		
da	ugther/son of Sh/Sn	nt		
			Post-Office	
Te	hsil	Distt	(H.P.) is the ex-reside	nt
of	the		Child Care Institution.	
	Signature		Signature	

District Child Protection Officer (Stamp)

In-charge/ Superintendent (Stamp)

Certified	that	particulars	given	in	the	application	form	submitted	by
Sh./Smt./Ku. daugther/ son of Sh /Smt.									
Village		Post-o	ffice			Tehsil_			
District		(H.P.) have	e been ve	rified	and fo	und eligible as	per the	guidelines of	f the
scheme. He	ence rec	ommended fo	or sanction	n of gr	ant for	Skill Developr	nent und	er Mukhya M	antri
Sukh Aash	ıray Yoj	na. It is also	verified t	hat th	e applio	cant has not av	ailed/app	olied for the g	grant
under Mul	khya M	antri Sukh A	ashray Y	ojna	or any	other scheme	of simi	lar nature of	this
Departmen	t previo	usly for this p	eriod for t	the pu	rpose o	f Skill Develop	ment.		
	Date:-				S	Signature of Dis	strict Pro	gramme Offic	er/
							(Stamp	_	

Form

Application for grant for micro enterprises/ small scale industry under Mukhya Mantri Sukh Aashray Yojna (once in life time)

1 1	Name of applicant				Photograph
1.] 2]	Name of applicant Father's Name	Date of Death			
2.] 3]	Name of applicant Father's Name Mother's Name	Date of Death Date of Death			
	Guardian's Name				
	Permanent Home Address of applicant				
6.	• •			L	
7	Village Post Office Panchayat Tehsil	ce	Pin	Co	de
]	PanchayatTehsil	District			
7.	Date of birth of the applicant				-
8.	Aadhar No				
9.]	Bank Detail of applicant; Name of branch	<u> </u>			
1.0	IECC 1 0				
10.	IFSC code &				
11	A account no (Andhar gooded)				
11. <i>1</i>	Account no (Aadhar seeded)				
12.] 13.]	BPL Number (if any)				
14.	A short description/Detailed Project Repo	ort (DPR) of the macro	enterpri	ses 8	 x small scale
	industry/ self employment unit proposed t			5050	
		-			
-					
_					
-					
-					
1.5 1	D 1 1 /1 /: C1 : /				
15. 1	Proposed place/ location of the project				<u> </u>
((copy of land/ revenue papers to be attached	ed)			
16. ′	Total Estimate of the project				
17.	Amount required				
- / • 1					
	Signature of the Applicant				
	Date:-				

<u>I</u>	daughter /son/wife of Sh			
Village	Post	Office		
Tehsil	_ District	(H.P.) solemnly affirm that all the		
particulars given in the ap	plication form are true	and no fact has been concealed. I		
also declare that I have not	/will not avail the grant	for startup under micro enterprises/		
small scale industry under	Mukhya Mantri Sukh A	Aashray Yojna or any other scheme		
of similar nature, of the De	partment of SJ&E.			

Signature of Applicant/thumb impression

Following documents are required to be enclosed along with application form:-

- 1. Birth certificate of applicant.
- 2. Death Certificate of Father & Mother.
- 3. Certificate of declaration from concerned District Programme Officer, after approval from District Child Welfare and Protection Committee regarding eligibility for availing benefits under the scheme as per clause No. 6 and 9 of the Mukhya Mantri Sukh Aashray Yojna notified vide letter No. SJE-A-F(4)-3/23 dated 28/02/2023.
- 4. Certificate form CWC regarding declaration of abandoned /surrendered child.
- 5. Copy of Adhar card.
- 6. Himachali Bonafide certificate of applicant issued by competent revenue officer.

Or

- Certificate of residency in the State of HP for a period of at least 5 years to be issued by concerned Deputy Commissioner on the basis of the report of the CDPO/ Social Investigation Report (SIR) conducted by the social worker of the DCPU/ Report of Patwari/ concerned Panchayat Secretary and submitted through DPO.
- 7. Certificate to the effect that the applicant is a resident of the Child Care Institution /After Care Institution of the state (to be issued by DCPO & counter signed by DPO).
- 8. BPL Certificate (if any)
- 9. Copy of bank account pass book of the applicant.
- 10. Proposal for small scale/micro scale industry
- 11. Copy of revenue papers of the land on which the project is proposed to be set up (Jamabandi & Tatima).
- 12. Estimate of the project.

Certified	that	particulars	given	in	the	app	lication	form	submitted	by
Sh./Smt./K	u		daught	er/son	/wife	of	Sh/Smt	•		
Village		Post-of	ffice				Tehs	il		
Distt.		(H.P.) have b	been veri	fied a	nd fou	nd el	igible as	per the	guidelines of	f the
scale indus	try und	ikh Aashray yer the Mukhya vailed/applied	Mantri S	ukh A	ashray	Yojna	a Scheme	. It is al	so verified tha	
District Ch	ild Prot (Stamı	ection Officer			S	ignatu	re of Dist	rict Prog (Stam	gramme Office o)	er

Form

Application for grant for construction of House under Mukhya Mantri Sukh Aashray Yojna

1 Name of aunticent				Photogra	ıph
 Name of applicant Father's Name 	D,	ate of Death			
3. Mother's Name	D	ate of Death			
4. Guardian's Name	D	ate of Beath			
5. Permanent Home Addre	ess of applica	nnt			
Village	11			Pin	
Code	_ 1050				
CodePanchayat	Tehsil	Dist	rict		
6. Date of birth of the app	lonsii licant				
7. Aadhar No.					
8. Bank Detail of applican	it; Name of b	ranch			
9. IFSC code &					
10. Account no (Aadhar se	eded)				
11. BPL Number (if any)					
11. BPL Number (if any) _ 12. Detail of	land	proposed	for	construction	of
(copy of revenue paper	s of the land	Jamabandi and Ta	atima) to be	attached)	
13. Whether availed the ber and Swaran Jayanti Aas14. Amount already sanction	shray Yojna/	any other House c	onstruction	Scheme (mention det	ail)
15.Amount required under	Mukhya Ma	ntri Sukh Aashray	Yojna		
16.Estimate of construction	n				
17.If map of building/ Hou	ise from com	petent authority is	attached (ye	es/no)	
Signature of the Appli	cant				
Date:-					
Address for correspondence	e				

I daughter /son/wife of Sh							
Village	Post Office						
Tehsil	District	District (H.P.) solemnly affirm that all the					
particulars given in	n the application form are	true and no fa	ect has been concealed. I				
also declare tha	t I have availed the	grant for o	construction of House				
under			scheme of				
		departme	ent or I have not availed				
the grant for constr	ruction of House under Mu	khya Mantri Su	kh Aashray Yojna or any				
other scheme of sir	nilar nature of any other D	epartment of H.	.P. Government/ GOI.				

Signature of Applicant/thumb impression

Following documents are required to be enclosed along with application form:-

- 1. Birth certificate of applicant.
- 2. Death Certificate of Father & Mother.
- 3. Certificate of declaration from concerned District Programme Officer, after approval from District Child Welfare and Protection Committee regarding eligibility for availing benefits under the scheme as per clause No. 6 and 9 of the Mukhya Mantri Sukh Aashray Yojna notified vide letter No. SJE-A-F(4)-3/23 dated 28/02/2023.
- 4. Certificate form CWC regarding declaration of abandoned /surrendered child.
- 5. Copy of Aadhar Card.
- 6. Himachali Bonefide certificate of applicant issued by competent revenue officer.

Or

Certificate of residency in the State of HP for a period of at least 5 years to be issued by concerned Deputy Commissioner on the basis of the report of the CDPO/ Social Investigation Report (SIR) conducted by the social worker of the DCPU/ Report of Patwari/ concerned Panchayat Secretary and submitted through DPO.

- 7. Certificate to the effect that the applicant is a resident of the Child Care Institution /After Care Institution of the state (to be issued by DCPO & counter signed by DPO).
- 8. BPL Certificate (if any)
- 9. Copy of bank account pass book of the applicant.
- 10. Copy of revenue papers of the land where construction of house, is proposed.
- 11. Copy of approved map of the building/ House from competent authority.
- 12. Copy of Estimate.
- 13. Copy of sanction of funds for construction of house under any other scheme (if any)
- 14. NOC regarding non sanctioning of funds for construction of house from Rural Development Department (if applicable).
- 15. NOC regarding non sanctioning of funds for construction of house from Directorate of ESOMSA (if applicable).

	Certified	that	part	iculars	given	in	the	appli	cation	form	submit	ted	by	
	Sh./Smt./K	Ku			daug	hter/s	son/wi	fe of	Sh/Smt	•				
	Village			Pos	t-office_				Tehs	il				
	Distt		(H	.P.) hav	e been v	erifi	ed and	d found	d eligib	le as pe	er the gu	ıidelir	ıes	
	of the sch	eme. I	Hence	recomi	mended	for s	anctio	on of g	rant fo	r constr	uction o	f Hou	ıse	
	under the	Mukh	ya M	antri Su	ıkh Aasl	nray	Yojna	Sche	eme. It	is also	verified	that t	the	
	applicant	hav	/e	avail	the	gra	nt	for	consti	ruction	of	Hou	ıse	
	under									sch	eme		of	
										nt or no	t avail t	he gra	ant	
	for construction of House under under Mukhya Mantri Sukh Aashray Yojna or any													
	other sche	me of	simil	ar natur	e.									
District Child Protection Officer (Stamp)					1	Signat	ure of		t Progra Stamp)	mme Of	fficer			