Format for Enrolment of children for SPONSORSHIP under Mission Vatsalya/ICPS Scheme, Dept.of Women Development & Child Welfare

Name of the District		
Name of the ICDS Project		
Name of the Mandal		
i) Name of the Village		
ii) Name of the Panchayat & Code / Ward and Number		
iii) Name of the Village /Ward Secretariat and ID		
iv) Pin Code:		
CHILD DETAILS:		
i) Name of the Child (full name in Capital letters)		
Aadhar number of the child		
Name of the Father		
Aadhar number		
Name of the Mother		
Aadhar number		
Name of the Person / Guardian who are living with child		
Relation of the living person with child & Aadhar number of Person / Guardian		
ii) Date of birth of the child and Age		
iii) Gender M/F		
iv) Name of the School, Address and Studying class		
v) Caste		
vi) Religion		
vii) Contact Phone numbers	1. 2.	
viii) Name of the Bank with IFSC Code & Branch		
ix) Bank Account No. (child or joint A/c with Father or Mother or guardian)		
i) Name of the Deceased / Suffering from terminal disease (Father or Mother or both)	Father	Mother
ii) Date of death (or) Disease details		
iii) Reasons for death		
iv) Relation of the child with death/disease		
v) Death Certificate No. (or) disease certificate		
Category	Orphan ☐ Semi Orphan [CNCP	☐ HIV affected /infected☐ . ☐ Others ☐
	Name of the ICDS Project Name of the Mandal i) Name of the Village ii) Name of the Panchayat & Code / Ward and Number iii) Name of the Village /Ward Secretariat and ID iv) Pin Code: CHILD DETAILS: i) Name of the Child (full name in Capital letters) Aadhar number of the child Name of the Father Aadhar number Name of the Mother Aadhar number Name of the Person / Guardian who are living with child Relation of the living person with child & Aadhar number of Person / Guardian ii) Date of birth of the child and Age iii) Gender M/F iv) Name of the School, Address and Studying class v) Caste vi) Religion vii) Contact Phone numbers viii) Name of the Bank with IFSC Code & Branch ix) Bank Account No. (child or joint A/c with Father or Mother or guardian) i) Name of the Deceased / Suffering from terminal disease (Father or Mother or both) ii) Date of death (or) Disease details iii) Reasons for death iv) Relation of the child with death/disease v) Death Certificate No. (or) disease certificate	Name of the ICDS Project Name of the Mandal i) Name of the Village ii) Name of the Panchayat & Code / Ward and Number iii) Name of the Village /Ward Secretariat and ID iv) Pin Code: CHILD DETAILS: i) Name of the Child (full name in Capital letters) Aadhar number of the child Name of the Father Aadhar number Name of the Mother Aadhar number Name of the Person / Guardian who are living with child Relation of the living person with child & Aadhar number of Person / Guardian ii) Date of birth of the child and Age iii) Gender M/F iv) Name of the School, Address and Studying class v) Caste vi) Religion vii) Contact Phone numbers 1. 2. viii) Name of the Bank with IFSC Code & Branch ix) Bank Account No. (child or joint A/c with Father or Mother or guardian) ii) Date of death (or) Disease details iii) Reasons for death iv) Relation of the child with death/disease v) Death Certificate No. (or) disease certificate

8	i) Financial Status and Family income (Below poverty line/Above Poverty line)			
	ii) Annual Income			
	iii) PDS Ration & Rice Card number			
9	Occupation of the Father and Mother or Guardian	Father	Mother	Guardian
10.	Is the Child benefiting in any Govt. /Private schemes (AmmaVodi, Pension, etc.)	Scheme Name.	Am	ount
11.	Is the child eligible for Sponsorship (Yes/No)			
	Give Justification (How this family became a vulnerable family)			

	<u>Enclosures</u>	
1	Date of birth certificate of the child	Yes / No
2	Death certificate of Deceased (Father or Mother)	Yes / No
3	Cause of death certificate certified by the Hospital or Medical Officer	Yes / No
4	Xerox copy of COVID positive test report Of Deceased (Mother or Father)// terminal disease (HIV or other disease) certificate	Yes / No
5	Xerox copy of Aadhar of the child	Yes / No
6	Xerox copy of Aadhar of the father	Yes / No
7	Xerox copy of Aadhar of the mother	Yes / No
8	Xerox copy of Aadhar of the Guardian	Yes / No
9	Xerox copy of PDS Ration & Rice Card	Yes / No
10	Xerox Copy of the caste certificate	Yes / No
11	Passport size photo of the Child	Yes / No
12	Study Certificate of the Child	Yes / No
13	Xerox Copy of the Bank A/c of the Child or joint account with father or Mother or guardian	Yes / No

Date:

Place:

Certified that the above information furnished by me is True & Correct

Signature of the Child

Signature of the Father/Mother/Guardian

Certificate

This is certified that I have personally verified all the records of the child and the child (Orphan/Semi Orphan/Victim of terminal disease/CNCP) is eligible for Sponsorship as per Mission Vatsalya Guidelines. Hence we recommended the application for sanction of **Sponsorship under Mission Vatsalya / ICPS Scheme**.

AWW MSK Supervisor CDPO Signature & seal