# The Badra And Magar Habeli Bazette स्रकारी राज्य संघ प्रदेश दादरा एवं नगर हवेली, प्रशासन



भारत सरकार / Government of India

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Administration of
Dadra & Nagar Haveli, U.T,
Directorate of Medical & Health Services
Silvassa.

No. DMHS/Schemes/2016/81/2638

Dt. 23/03/2016

#### **NOTIFICATION**

Administrator, Union Territory of Daman & Diu & Dadra & Nagar Haveli is hereby pleased to sanction the Plan Scheme "PARIPAKVA MATA NIYOJIT BAL YOJANA (PMNBY)" under the Department of Medical and Health Services for implementation with effect from 01/04/2016 in the Union Territory of Dadra & Nagar Haveli. The details of scheme and objectives are at Annexure-I

- 2. The Administrator of Daman & Diu & Dadra & Nagar Haveli is pleased to sanction Rs.10,000/- to the mother who delivers the first child not before the age of 20 years and another Rs.10,000/- to the same mother who delivers the next child minimum 5 years after the first delivery from the U.T grant under plan sector with the following conditions:
  - 1. The benefits of this scheme shall be applicable only to the residents of UT of Dadra & Nagar Haveli.
  - 2. The delivery shall be carried out at Government institution i.e. Civil Hospital/Sub District Hospital/Community Health Centres/Primary Health Centers/Dispensaries/Sub-Centre of the UT of Dadra & Nagar Haveli.
  - 3. The benefits shall be extended only up to first two live births.

- 4. A request for obtaining cash benefit shall be made in the form prescribed at Annexure-II
- 5. The application shall in variably be accompanied with following documents as per Annexure-III.
- 6. Under the scheme, all amounts will be paid to the beneficiaries through DBT.
- 7. The applicants while receiving the benefit under the scheme shall sign acknowledge receipts with appropriate amount of revenue stamp.
- 8. The Director, Medical & Health Services, Dadra & Nagar Haveli is authorized to draw required amount on AC bill from the treasury to distribute benefit in time. The DC bill for each amount drawn on AC bill shall be submitted within 15 days of the last cash assistance distributed out of the AC bill drawn for that purpose or as per the instruction of PAO as issued from time to time.
- 9. The Director, Medical & Health Services, Dadra & Nagar Haveli shall keep required records.
- 10. The Director, Medical & Health Services, Dadra & Nagar Haveli shall be consulted in the event of any doubt.

This issue with the approval of the Administrator, Daman & Diu and Dadra & Nagar Haveli, vide diary No.54842 dated 11/04/2016.

Place: Silvassa Date: 23-03-2016

(Shri Nitin Jindal)
Deputy Secretary (Health)

# ANNEXURE-I

Name of the Scheme: PARIPAKVA MATA NIYOJIT BAL YOJANA (PMNBY) in U.T. of Dadra & Nagar Haveli.

#### Vision/Objective:

- 1. Reduce the Maternal Mortality Rate
- 2. Reduce the Infant Mortality Rate
- 3. Reduce TFR Rate
- 4. Promotion of Institutional Deliveries.
- 5. Reduction in Low Birth Weight/Premature Babies

#### Description of Scheme:

U.T of Dadra & Nagar Haveli, Directorate of Medical and Health Services is catering to deliveries across various Health Care Facilities. The area is predominantly tribal, which sees many sections of the community with early and teenage pregnancies. These pregnancies lead to Low Birth Weight Babies & premature births with reduced immunity and decreased survival rate. The communities witness multiple pregnancies with decreased spacing leading to increased chance of Maternal Mortality and Infant Mortality. The scheme aims at reducing of the chances of prematurity and low birth weights, with the ultimate aim to increase in Infant Mortality Rate and Maternal Mortality Rate.

- 2. The admission in Neonatal Intensive Care Unit is showing an increase from year after year: 652 in 2011 to 1187 in the year 2014, which gathers maximum number of premature babies with low birth weight. In the year 2011-12, the U.T lost 73 babies within 4 weeks, which increased up to 167 in the year 2014-15. This clearly shows hike in deaths due to prematurity and low birth weights which is caused mainly due to early pregnancies and non-optimal space between consecutive pregnancies.
- 3. This scheme will focus on giving incentives to mothers who deliver the first baby at the age of 20 years and keeping space of minimum 5 years to the next pregnancy.

#### Eligibility:

- 4. The scheme is applicable for all segments of societies as per following norms:
  - a. Resident of U.T. of Dadra & Nagar Haveli.
  - b. Marriage registration Certificate to be the documentary proof.
  - c. Institution Delivery in Government Institution of Dadra & Nagar Haveli only.
  - d. Upto first two live births.

# ANNEXURE-II

# PARIPAKVA MATA NIYOJIT BAL YOJANA (PMNBY)

# **UNION TERRITORY OF**

# DADRA & NAGAR HAVELI

# DIRECTORATE OF MEDICAL & HEALTH SERVICES.

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

Subject:

Application regarding taking benefits of Rs.10,000/- under "PARIPAKVA MATA NIYOJIT BAL YOJANA (PMNBY)" in the UT of Dadra & Nagar Haveli.

Sir,

I have given live birth to a girl/boy child. The following details are furnished herwith for taking benefit under "PARIPAKVA MATA NIYOJIT BAL YOJANA (PMNBY)".

1.	Name of Applicant (Mother'sName)				<del></del> -						
	Aadhar No. (Optional)		FC-12-12-12-1	T	Π			Ī			
2.	Name of Husband							<u> </u>			<del></del>
	Aadhar No. (Optional)		Τ				Ţ				
3.	Full Address (Residential certificate must be attached)		-L		·					<u> </u>	<u></u>
	House Number	<b> </b>				-					•
	Village				· · · · · ·					·	
	Street/Falia/Pada										
	District	<del> </del>				<u> </u>					<del></del>
4.	Birth Date of Mother (Birth Certificate of Mother must be attached)					-	-14				
5.	Date of Delivery	-									
6.	Sex of New Born Child (M/F)										
7.	Birth Order (1 <sup>st</sup> /2 <sup>nd</sup> ) (Attached No. of Delivery certificate from ANM of concerned area)					-					
8.	Date of 1st Delivery (in case of 2nd Delivery)				•••				-		5
9.	Proof of Govt. Institutional Delivery (Certificate issued by DH/CHC/PHC/Dispensary)	!					ŧ;	in in the second			

Signature of Mother

#### **ANNEXURE-III**

# <u>DOCUMENT REQUIRED FOR</u> <u>PARIPAKVA MATA NIYOJIT BAL YOJANA (PMNBY)</u>

- 1. Resident Certificate of Either one of the parents
- 2. Certificate of Delivery from Government Hospital/SDH/CHC/PHC/ Dispensary/ Sub-Centres of Dadra & Nagar Haveli
- 3. Attested Copy of Birth Certificate of Mother/Leaving Certificate/X<sup>th</sup> Passing Certificate indicating birth date OR Marriage Certificate issued by competent authority for proof of Age above 18 years.
- 4. Certificate of ANM for Two Child Certificate from concerned area.
- 5. Two (2) passport size photo.

#### ANNEXURE-IV

#### **CERTIFICATE**

This is to certify that	t Smt	, wife of Shri					
is a resident of village		, has delivered 1st	(Male/Fema	le) child on date			
	and delivered the	2"	d (Male/Fem	ale) child on date			
at	Distric	t Hospital/CHC/PHC/	Dispensary/S	Sub Centres.			
	Signat	ure of ANM:		·			
	Name	of ANM:					
	Name	of Sub Centre:		•			

Administration of
Dadra & Nagar Haveli, U.T,
Directorate of Medical & Health Services
Silvassa.

No. DMHS/Schemes/2016/81/2639

Date: 23/03/2016

# **NOTIFICATION**

Administrator, Union Territory of Daman & Diu & Dadra & Nagar Hayeli is hereby pleased to sanction the "SUKANYA SATKAR YOJANA" under the Department of Medical and Health Services for implementation with effect from 01/04/2016 in the Union Territory of Dadra & Nagar Hayeli. The details of scheme and objectives are at Annexure-I

- 2. The Administrator of Daman & Diu & Dadra & Nagar Haveli is pleased to sanction Rs.9000/- to mother who delivers girl child from the U.T grant under plan sector with the following conditions:
  - 1. The benefits of this scheme shall be applicable only to the residents of the UT of Dadra & Nagar Haveli.
  - 2. The delivery shall be carried out at Government Institutions i.e. Civil Hospital/Sub District Hospital/Community Health Centres/Primary Health Centers/Dispensaries & Sub-Centres of the UT of Dadra & Nagar Haveli.
  - 3. The benefits shall be extended only up to two live births.
  - 4. A request for obtaining cash benefit shall be made in the form prescribed at Annexure-II
  - 5. The application shall in variably be accompanied with following documents as **per Annexure-III.**
  - 6. Under the scheme amount will be paid to the beneficiaries through DBT.

- 7. The applicants while receiving the benefit under the scheme shall sign acknowledge receipts with appropriate amount of revenue stamp.
- 8. The Director, Medical & Health Services, Dadra & Nagar Haveli is authorized to draw required amount on AC bill from the treasury to distribute benefit in time. The DC bill for each amount drawn on AC bill shall be submitted within 15 days of the last cash assistance distributed out of the AC bill drawn for that purpose or as per the instruction of PAO as issued from time to time.
- 9. The Director, Medical & Health Services, Dadra & Nagar Haveli shall keep required records.
- 10. The Director, Medical & Health Services, Dadra & Nagar Haveli shall be consulted in the event of any doubt.

This issue with the approval of the Administrator, Daman & Diu and Dadra & Nagar Haveli, vide diary No. 54842 dated 11/04/2016.

Place : Silvassa

Date: 23-03-2016

(Shri Nitin Jindal)

Deputy Secretary (Health)

#### **ANNEXURE-I**

Name of the Scheme: SUKANYA SATKAR YOJANA in the U.T. of Dadra & Nagar Haveli.

#### Vision/Objective:

- \* Improve the sex Ratio
- \* Reduce the infant Mortality Rate

#### Description of Scheme:

- 1. Either one of the parents should be resident of Dadra & Nagar Haveli or mother must be of 20 years old.
- 2. The parent of the child should have a Residence proof as approved of either of the parents.
- 3. The delivery should be institutional deliveries and it should be conducted in Civil Hospital, SDH, CHC, PHC or Sub Centers of Dadra & Nagar Haveli.
- 4. The first two girl child in a family of two children will only be considered.
- 5. Under scheme an amount of Rs. 9000/- (Rs. Nine thousand only) will be given after delivery of girl child. The money will be deposit in the bank account of the mother.

#### Eligibility:

- 6. The scheme is applicable for all segments of societies as per following norms:
  - a. Resident of U.T. of Dadra & Nagar Haveli.
  - b. Marriage registration Certificate to be the documentary proof.
  - c. Institution Delivery in Government Institution of Dadra & Nagar Haveli only.
  - d. Upto first two girl children

#### ANNEXURE-II

#### SUKANYA SATKAR YOJANA

#### UNION TERRITORY OF

#### DADRA & NAGAR HAVELI

# DIRECTORATE OF MEDICAL & HEALTH SERVICES.

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

Subject:

Application for availing benefits of Rs. 9000/- under "SUKANYA SATKAR

YOJANA" in the UT of Dadra & Nagar Haveli.

Sir,

I have given live birth to a girl child. The following details are furnished herewith for taking benefit under "SUKANYA SATKAR YOJANA".

1.	Name of Applicant (Mother's Name)										
	Aadhar No. (Optional)		1.	T							
2.	Name of Husband										5
	Aadhar No. (Optional)				ΙΤ	Т	.	1	ke.		
3.	Full Address (Residential certificate must be	1-	ı				<u>L</u>	•	<u>  1946   1  </u>		
	attached)										
	House Number	1.				-					
	Village	$\dagger$									
	Street/Falia/Pada										
	District	<b>-</b>					<u> </u>				
4.	Birth Date of Mother			······································						•	
	(Birth Certificate of Mother must be attached)				-				. ,		
5.	Date of Delivery										
6.	Sex of New Born Child (F/M)						5				
7. [	Birth Order (1 <sup>st</sup> /2 <sup>nd</sup> )	<u> </u>									
	(Attached No. of Delivery certificate from ANM										
	of concerned area)										
8.	Proof of Govt. Institutional Delivery (Certificate			•							
	issued by DH/CHC/PHC/Dispensary)	-			·				¥.		

#### ANNEXURE-III

#### **DOCUMENT REQUIRED FOR**

#### SUKANYA SATKAR YOJANA

- 1. The application under SSY shall invariably be accompanied with the following documents:
  - I. Resident Certificate of either one of the parents
  - II. Certificate of delivery from Government Hospital/PHC/DISP/SC of Union Territory of Dadra and Nagar Haveli.
  - III. Attested copy or Self certificate of birth certificate of mother/LC/marriage certificate/10<sup>th</sup> Passing Certificate.
  - IV. Certificate of ANM from concerned area.
  - V. 2 Passport photos of mother.

#### ANNEXURE-IV

#### **CERTIFICATE**

This is to certify that S	Smt	t			
	is a resident of village	, has delivered	1 gi	irl	
child on date	at	Sub District Hospital/CHO	C/PHC/Dispensar	у/	
Sub Centres.					
Signature of ANM:	· · · · · · · · · · · · · · · · · · ·				
Name of ANM:					
Name of Sub Centre:	· · · · · · · · · · · · · · · · · · ·				