

GOVERNMENT OF ODISHA

WOMEN & CHILD DEVELOPMENT DEPARTMENT

APPLICATION FORM FOR AWARD OF MARRIAGE INCENTIVE FOR
MARRIAGE BETWEEN DISABLED & NORMAL PERSON

PART – A

(To be filled in by the Couple)

I) Details of Persons with Disabilities (Spouse)

a) Full Name :

b) Sex(Male/Female):

c) Nature of disability :

d) Father's Name:

e) Date of Birth :

f) Age at the time of marriage :

g) Religion and Caste :

h) Educational Qualification :

i) Native place and address :

j) Present Place & Address :

k) Occupation :

l) Contact Phone Nos:

m) Mail-ID(if any)

II) Details of other Person (Spouse)

- a) Full Name :
- b) Sex(Male/Female)
- c) Father's Name :
- d) Date of Birth :
- e) Age at the time of Marriage :
- f) Religion and cast:
- g) Education Qualification :
- h) Native Place & Address:
- i) Present Place of living and Address:
- j) Occupation :
- k) Contact Phone No:
- l) Mail-ID (if Any)

III) Date and Place of Marriage :

IV) Certificates Enclosed (Self attested copies)

- (i) Disability Certificate issued by District medical Board as notified by the Government : Yes/No
- (ii) Marriage Registration Certificate issued by the competent Registration Authority of marriages. Yes/No.

(iii) Three Post Card Size Joint Photograph of the couple Yes/No Self-attested.

(iv) Residential Certificate issued by the Tahasildar Yes/No Residential Proof ()

(v) Proof of joint account of husband & wife : Yes/No along with Bank authorization for e-transfer of the fund

V) Declaration of Husband & Wife :

We certify that the information furnished above are true and correct. We also certify that we have not claimed the Marriage Incentive Award previously . If in any case, the information submitted by us are proved to be wrong at any time, we understand we are liable for prosecution entailing of Rs 20,000/-, imprisonment up to 2 years and recovery of marriage Incentive Award paid along with 12 % interest thereon.

Signature of other Person (spouse)

Signature of Person with Disability

(Spouse)

Date:

Place:

PART –B

(to be filled in by the Verification Officer)

I have verified the contents of the application with Original Certificates and physically identified the Couple and certify that:

- (i) The Couple are married and living together : Yes/No
- (ii) Joint Photographs of the Couple : Correct/Incorrect
- (iii) Disability Certificate : Correct/Incorrect
- (iv) Marriage Registration Certificate : Correct/Incorrect
- (v) Residential Certificate /Proof of Address :
Correct/Incorrect
- (vi) As per enquiry the coupled have not availed the incentive award earlier : Correct/Incorrect

I recommend / do not recommend for sanction of Marriage Incentive Award for the following reasons:

- a) .
- b) .
- c) .

(a) Name of the Verification Officer:

(b) Designation

(c) Office Address

Signature of the verification
Officer with stamp

Date:

Place:

PART-C

(To be filled in by the Sanctioning Authority)

I have scrutinized the application form of

Sri/Smt.....

Bearing numberDt....., enclosures and Verification Report

of the Verification Officer.....Dt.....with

reference to the guidelines and other relevant rules and sanction the request

for the Marriage Incentive Award to the applicant vide

No.....,Dt.....

(or)

Reject the same for the following reasons:-

**Collector and District Magistrate,
Gajapati.**

Date:

Place:

**District Social Security Officer,
Gajapati.**