

National Foundation For Communal Harmony

Paste photograph of
the child here

Application form for assistance to children affected by communal, caste, ethnic or terrorist etc. violence. (Separate application form to be used in respect of each child)

PART-I

(To be filled in BLOCK LETTERS by the child's parent / foster parent or by a registered voluntary organisation)

1. Name of the applicant

2. Relationship with the child

3. Address of the applicant

4. Particulars of the child for whom assistance is sought:

a) Name

b) Sex

c) Father's name

d) Mother's name

e) Date of birth

f) Name and address of the school

g) Class

h) Nature of disability, and its percentage, if any

5. Details of incident

a) Date of incident/occurrence

b) Place of incident

c) Type of the incident i.e.
communal/caste/ ethnic/terrorist violence

d) Loss of life suffered by the child's family

6. Status of the family/child:

- a) Whether both parents of the child are dead ?

- b) Whether the main earning parent is dead?

- c) Whether the main earning parent is permanently incapacitated?

- d) Whether the living parent is unable to support the child , and, if so, reasons?

- e) Occupation and annual income of the family
- f) Details of one time assistance granted by the central / state government / union territory administration including pension, if any

- g) Details of regular financial assistance granted by the centre/state government/union territory administration including any other organisation.

7.Number of children in the family affected by violence and their particulars

Name of the child	Age	Whether entitled for assistance and if so, separate application submitted or not
i)		
ii)		
iii)		
iv)		

8. The following certificates are enclosed;

- i) Certificate of date of birth from school /grampanchayat/ municipality/ corporation.(Refer item 4(e) above).

- ii) Study certificate from the school where the child is presently studying. This will not be applicable where the child is below 5 years of age.

- iii) Income certificate of the family from the district magistrate/collector's office.

- iv) Medical certificate from the district medical officer, (Refer item 4(h) and 6(c)), if applicable

- v) Copy of the first information report and death-cum-post mortem certificate. (Refer item 5 and 6) In case of FIR and Post Mortem report in language other than Hindi/English, the translation of the same

should be in Hindi/English duly certified by the District Committee.

vi) Certificate from the police authorities that the deceased was not involved in militant/communal activities.

9. I _____ (name of the applicant) declare that the child is not getting assistance from any other source.

Date :

Signature of applicant

1. The information furnished above has been verified and found correct.

**Signature of Tehsildar/
BDO/Revenue Officer
With official seal**

PART - II

(To be filled by the District Committee)

1. Certificates at Sl No. (i) to (vi) of column 8 of the application form are attached.

2. Social welfare service needed by the child. Whether recommended for placing the child with voluntary institution/ foster care/ adoption or placement with near relation/ family friend?

3. Name and address of the person to whom the assistance is to be remitted.

4. Recommendation of the District Committee.

**Official seal
Date**

**Signature
District Magistrate/Collector**

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STUDY CERTIFICATE

Sr. No. _____

(ON THE LETTER HEAD OF SCHOOL/COLLEGE)

This is to certify that Km./ Master _____ daughter/ son of Shri _____ (name of the father) and Smt. _____ (name of the mother) is a bonafide student of class _____ section _____ of this school/college for the academic session (indicate dates) _____. She/he was admitted in this school on (date) _____ under admission number _____. Her/his date of birth as per the school record is _____(in figures) _____(in words).

Date : _____

Signature
Name
Principal/Head Master
Seal

(No overwriting permitted)

INCOME CERTIFICATE

Date : _____

It is certified that Smt./Shri _____ wife/son of Shri _____ is resident of _____ (complete address) _____.

Her /his annual income from all known sources is Rs. _____ (Rupees _____) which is below poverty line as per the criteria laid down by the government from time to time.

Details of Employment provided on compassionate grounds by the government to the family members:

Name _____ **Relationship with the deceased** _____
Monthly income _____

The information furnished is correct to the best of my knowledge and belief.

Signature
Name
Tehsildar
Tahsil/District
Seal

(No overwriting permitted)

BIRTH CERTIFICATE

This is to certify that the following information has been derived from the original records of birth as maintained in the office of the _____ (prescribed authority under the Registration of Births and Deaths Act, 1969) of _____ (District) _____ (State).

- 1. Name : _____
- 2. Sex : _____
- 3. Date of birth : _____ (in figure)
_____ (in words)

- 4. Place of birth : _____
- 5. Name of father : _____
- 6. Name of mother : _____
- 7. Registration No. : _____
- 8. Date of registration : _____

Date: _____

Signature and designation of
prescribed issuing authority
Seal

(No overwriting permitted)
