

**APPLICATION FORM TO CLAIM NUTRITIOUS DIET ALLOWANCE
BY MEMBERS OF DCMAF FOR ANAEMIA DURING PREGNANCY
AND LACTATING MOTHER**

- ❖ Claim for Nutritious Diet Allowance for Anaemia during pregnancy and for Lactating Mother is admissible **for the first two children only**
- ❖ Claim for Nutritious Diet Allowance for Anaemia during pregnancy is admissible if **Haemoglobin is less than 10 mg%**

PART – I

1. Particulars of the Applicant:

- a) Name :
- b) Membership Card No :
- c) Designation/T.No./P.No. :
- d) Present Pay Band (**Please attach copy of latest Salary slip**) :
- e) Unit in which employed :
- f) Date of Joining the DCMAF (**The date on which the first subscription was paid**) :

PART – II

2. Particulars of the Patient:

- a) Name of the female beneficiary :
- b) Relationship with the member of DCMAF :
- c) Age of the female beneficiary :
- d) Details of living children:

S.No.	Name	Age	Sex
1			
2			
3			

Contd...

PART –III

3. Details regarding the Allowance requested:

- i) Reason for applying for Nutritious Diet Allowance ***Anaemia during Pregnancy/
Lactating mother**

*** If Nutritious Diet Allowance is requested for Anaemia during pregnancy :**

a) Expected date of delivery :

b) Haemoglobin status :

(Please attach a copy of the advice of the authorized Gynaecologist of Govt /Govt recognized hospital/AMA referring the patient for blood test. Blood report duly countersigned by the same Gyanecologist/AMA who advised blood test.)

*** If Nutritious Diet Allowance is requested for Lactating mother :**

a) Date of birth of newborn baby :

(Please attach duly attested copy of date of birth certificate issued by Municipality/Local body of the newborn baby with hospital's discharge note/slip)

Date :

Signature of the Applicant

*** Strike out whichever is not applicable**

PART – IV

4. **Certificate of the Admin Authority**

It is certified that the details given above have been checked with the available records in office and have been found to be correct.

(i) The claim has been made for the ***first/second child.**

(ii) Presently the applicant is drawing salary in **Pay Band-1.**

Date

**Signature of the
Admin Authority
with Official Stamp**

*** Strike out whichever is not applicable**