

(d) In case of non-withdrawal of financial assistance received by the beneficiary under the scheme for a continuous period of 6 months and above, then the accumulated amount shall be reversed in the form of Demand Draft in favour of Director, Directorate of Women & Child Development by the concerned bank.

(e) In case the benefits under the scheme are availed by the beneficiary based on wrong/false information or declaration, an action to prosecute shall be initiated and person shall be debarred from getting the benefits under any other schemes of the Government.

6. *Power to remove difficulties.*— (a) For the purpose of removal of any difficulties in the implementation of the Scheme, there shall be a four member committee consisting of the following:

- (i) Secretary (Women and Child Development) as Chairperson;
- (ii) One Social Worker to be appointed by the Government as Member;
- (iii) Additional/Joint Secretary (Finance) as Member; and
- (iv) Director of Women and Child Development as Member Secretary.

(b) The decision of the Committee shall be final and binding on all concerned.

7. *Power to relax.*— The Government shall have the power to amend, modify and cancel any part or whole of the scheme at any time.

This notification is issued with the approval of the Government vide U.O. No. 307/F dated 14-10-2020.

By order and in the name of the Governor of Goa.

*Umeshchandra Joshi*, Director & ex officio Joint Secretary (Women & Child Development).

Panaji, 14th October, 2020.

Price Rs. 50/-

Serial No.

ANNEXURE – A

**Application form for Financial Assistance under Griha Aadhar Scheme**

To,  
The Director,  
Women and Child Development,  
Government of Goa,  
Panaji–Goa.

Applicant's  
photo to be  
attested by any  
Gazetted  
Officer or MLA  
or MP

PART – I

1. Name of the applicant (in full) : \_\_\_\_\_  
(Surname) (Name) (Middle Name)
2. Date of Birth (age) : \_\_\_\_\_
3. Residential address(in full)  
(Please attach proof) : \_\_\_\_\_
- House No. : \_\_\_\_\_
- Street/Road/Building name : \_\_\_\_\_

Ward name/No. : \_\_\_\_\_  
 City/Village : \_\_\_\_\_  
 Constituency : \_\_\_\_\_  
 Taluka : \_\_\_\_\_

## 4. Details of family members

Sr. No.	Name of the family members including the applicant	Relation	Occupation	Place of work if any

5. Contact details of the applicant : Contact No. : \_\_\_\_\_  
 e-mail : \_\_\_\_\_

6. Religion : \_\_\_\_\_

7. Category (Whether SC/ST/OBC/Others) : \_\_\_\_\_

8. EPIC No. (Please attach photocopy) : \_\_\_\_\_

9. Aadhar Card No. (Please attach photocopy): \_\_\_\_\_

10. Annual income (includes husband and wife, taken together) (Please attach proof) : \_\_\_\_\_

11. Bank Account Details : \_\_\_\_\_  
 (Please attach photocopy of bank pass book)

Name of the Bank : \_\_\_\_\_

Branch : \_\_\_\_\_

Type of Account : \_\_\_\_\_

Account No. : \_\_\_\_\_

IFSC code : \_\_\_\_\_

MICR code : \_\_\_\_\_

12. Whether you or your spouse is a beneficiary under Dayanand Social Security Scheme: \_\_\_\_\_

13. Details of other scheme benefits availing, if any : \_\_\_\_\_

14. Marital Status : Married/widow/divorced

15. Date of Birth & Age of the minor child, if any (in case of widow availing DSSS) : \_\_\_\_\_

## DECLARATION

I, the undersigned \_\_\_\_\_ w/o \_\_\_\_\_ do hereby declare that the information given above is true and correct and nothing is false. That I shall be personally responsible for the correctness of the information. I further declare that for wrong and false information, authorities may be at liberty to take action, as deem fit against me, including filing criminal case and I shall be debarred from receiving the benefit from any other Government Scheme.

Place: \_\_\_\_\_

(Signature of the applicant)

Date: \_\_\_\_\_