

Application Form for availing Financial Assistance for Medical Treatment for infertility amongst Scheduled Tribe couples by IVF (Invitro Fertilization) & IUI (Intra Uterine Insemination) Method under“ MATRUTVA YOJANA”

To,
The Director,
Directorate of Tribal Welfare,
Panaji, Goa.

Photograph of the Couple

Sub:- Application for availing Financial Assistance for Medical Treatment for infertility amongst Scheduled Tribe couples by IVF (Invitro Fertilization) & IUI (Intra Uterine Insemination) Method under“MATRUTVA YOJANA”

Sir/Madam,

The undersigned desires to avail Financial Assistance for Medical Treatment for infertility amongst Scheduled Tribe couples by IVF (Invitro Fertilization) & IUI (Intra Uterine Insemination) Method under “MATRUTVA YOJANA”.

1.	Name of the applicant (Woman)	
2.	Applicant's husband's Name	
3.	Residential Address:	
	• House No.:	
	• Village/ Waddo	
	• Village Panchayat/ Municipality	
	• Taluka	
	• Constituency	
4.	Mobile/ residence phone number of applicant as well as of her husband.	
5.	Applicant's Date of Birth	
6.	Applicant's husband's Date of birth	
7.	Date of Marriage	
8.	Please specify whether it is first marriage or remarriage	
9.	Whether marriage is inter- caste/ inter-religion, please specify	

10.	Total family income from all sources	
11.	Educational Qualification : a)Husband: b) Wife:	
12.	Whether applicant is working? (Yes/No), if yes, (service/ professional/ business etc) Please specify in detail with address	
13.	Whether Applicant's husband's is working?(Yes/No), if Yes, (service/ professional/ business etc) Please specify in detail with address	
14.	Choose any one Hospital for preliminary examination (1) GMC (2) District Hospital North Mapusa (3) District Hospital South Margao / Hospicio Hospital	
15.	Give your preference in writing for any three empanelled Hospital for treatment (see list of Empanelled Hospitals)	
16.	Whether any child was born & not survived due to some reasons? If yes, then please specify the reason.	
17.	Is there any family history for not having children in the applicant's family as well as applicant's husband's family, Please give detail	
18.	Whether applicant and her husband has undergone any medical treatment for fertilization earlier, please give detail and furnish the documents.	
19.	Whether applicant and /or her husband is Physically handicapped/ blind/ mentally handicapped or any other Please specify and furnish the documents.	
20.	Any other information applicant wishes to provide to facilitate to obtain better treatment.	
21	Aadhar Card No. of:	

1. Applicant	
2. Applicant's Husband	

DECLARATION

I, the undersigned, hereby declare that the information given above is true and correct, and nothing stated is false and I have not been benefitted with this scheme earlier. I shall be personally responsible for any false and incorrect information/documents, for which the authorities shall be at liberty to take penal action as deem fit against me including filling criminal case.

Dated: _____

Place: (Name & signature of the applicant)

(Name & signature of the applicant's husband)

Enclosures:

1. Self attested copy of ST certificate issued by Dy.Collector along with verification certificate issued by Director of Tribal Welfare of the couple or Wife/husband as applicable
2. Self attested copy of Marriage Certificate
3. Self attested Aadhaar Card copy of applicant & Spouse
4. Self attested copy of Birth Certificate of applicants & Spouse