

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 Qualifications :
- i) Native Place & Address :
- j) Present Place of living and Address :
- k) Occupation :
- l) Contact Phone Nos. :
- m) Mail-ID (if any) :

II. Detail 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 Caste :
- g) Educational Qualifications :
- h) Native Place & Address :
- i) Present Place of living and Address :
- j) Occupation :
- k) Contact Phone Nos. :
- l) Mail-ID (if any) :

III. Date and place of Marriage :

IV. Certificates Enclosed (Self attested copies):

- (i) Disability Certificate Issued by : YES/NO
District Medical Board as notified by the Government
- (ii) Marriage Registration Certificate issued by the competent :
YES/NO
Registration Authority of Marriages
- (iii) Three Post Card Size Joint Photograph of the couple :
YES/NO self-attested.

(iv) Residential certificate issued by the Tahsildars / :
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 Rs20,000/-, imprisonment up to 2 years and recovery of Marriage Incentive Award paid along with 12% interest thereon.

Signature of other Person (Spouse)

(Spouse)

Date :

Place: •

**Signature of Person
with Disability**

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 :

(a) 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 number Dt....., enclosures and Verification Report of

the Verification OfficerDt.....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

Date :

Place :