



**Department of Women & Child Development
Government of Uttar Pradesh**



MUKHYAMANTRI KANYA SUMANGLA YOJANA



Citizen Services Portal

(version 2.1.0)

Step1: Applicant can go to “Citizen Services Portal” by link available on Home Page.



The screenshot shows the official website of the Mukhyamantri Kanya Sumangla Yojana, Government of Uttar Pradesh. The header features the department's name, the scheme's name in red, the Government of Uttar Pradesh logo, and a portrait of a man. Below the header is a navigation bar with links like 'About Us', 'RTI', 'Circulars', etc., and a search bar. The main content area is divided into two columns. The left column has a 'Quick Links' box with a list of links, where 'Citizen Services Portal (Apply Here)' is circled. The right column has a section titled 'Introduction & Need for Mukhyamantri Kanya Sumangla Yojana' with a paragraph of text. Below this is a section titled 'Stages for implementation of Mukhyamantri Kanya Sumangla Yojana' with a list of five stages. The bottom right corner features a large illustration of a woman holding a star and a document, with the scheme's name in Hindi below it.

Department of Women & Child Development
Government of Uttar Pradesh
MUKHYAMANTRI KANYA SUMANGLA YOJANA

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Quick Links

- Guidelines on Scheme
- Hon. Chief Minister Message
- Our Objective
- Office Link
- Citizen Services Portal (Apply Here)**
- Online Application Process

Introduction & Need for Mukhyamantri Kanya Sumangla Yojana

India has had a complex social structure. Social, religious, educational and family circumstances have been biased for women and girls since ages. The social vices and discrimination like female feticide, skewed sex ratio, child marriage and negative mindset for girls in the family etc prevalent in the society are barriers for girls and women to achieve their fundamental rights including protection, health and education. To end such inequalities and discrimination, there have been efforts made at by government as well as non-government organizations in the past and present scenarios. In addition to the existing efforts being made by the government, Uttar Pradesh is introducing a conditional cash transfer scheme as 'Mukhyamantri Kanya Sumangla Yojana' which is an initiative to ensure social security to the girl child along with her development. Because of this at one hand efforts to prevent social vices like female feticide and child marriage and on other hand girls will get an opportunity to advance towards opportunity of higher education and employment.

Stages for implementation of Mukhyamantri Kanya Sumangla Yojana

Mukhyamantri Kanya Sumangla Yojana will be implemented in six stages:-

- Stage1.** The girl child born on 01/04/2019 or after will be benefited with Rs. 2000/- One Time
- Stage2.** The girl child who has received full immunization and is not born before 01/04/2018 will be benefited with Rs. 1000/- One Time
- Stage3.** The girl child who has enrolled in Standard 1 during the current academic year will be benefited with Rs. 2000/- One Time
- Stage4.** The girl child who has enrolled in Standard 6 during the current academic year will be benefited with Rs. 2000/- One Time
- Stage5.** The girl child who has enrolled in Standard 9 during the current academic year will be benefited with Rs. 3000/- One Time

The girl who has passed standard 10/12 and has enrolled into a bachelor degree/ at least 2 years of certified diploma

कन्या सुमंगला

Step2: Applicant can register herself/himself.



Department of Women & Child Development Government of Uttar Pradesh

MUKHYAMANTRI KANYA SUMANGLA YOJANA



हिंदी



First Time User - Register Yourself

Terms & Conditions

- * Provide valid mobile number for further communication.
- * Financial assistance for girl child is to be granted by concerned authority on the basis of documents and other details provided by the applicant, terms and conditions of scheme as decided by the Department and availability of funds as per Government policy.
- * If any document / information found incorrect, the complete application will be rejected.
- * A unique, valid mobile number at the time of registration should be given.
- * If duplicate applications found for the same girl child, all applications will be rejected.

नियम एवं शर्तें

- * आगे संचार के लिए वैध मोबाइल नंबर प्रदान करें।
- * आवेदक द्वारा प्रदान किए गए दस्तावेजों और अन्य विवरणों के आधार पर संबंधित प्राधिकारी द्वारा बालिका के लिए सरकार की नीति, विभाग और निधियों की उपलब्धता, योजना के नियम और शर्तों के अनुसार वित्तीय सहायता प्रदान की जानी है।
- * यदि कोई दस्तावेज / सूचना गलत पाई गई तो पूरा आवेदन खारिज कर दिया जाएगा।
- * पंजीकरण के समय एक अद्वितीय, वैध मोबाइल नंबर दिया जाना चाहिए
- * यदि एक ही बालिका का डुप्लीकेट आवेदन पाया जाता है तो उसकी सारे आवेदन निरस्त कर दिए जायेंगे।



I agree (मैं सहमत हूँ)

Continue (जारी रखें)

Already Registered ? - Login Here

Enter Login ID

Enter Password

70655

Enter Captcha



Forget password ?

Sign-IN

Helping Documents & Manual

- About the Scheme
- User manual
- Process for Disposal of Online Application
- Download PDF Reader



Registration Form

Registration Under Mukhyamantri Kanya Sumangala Yojna (Details Of Applicant : Parents / Guardian / Self) मुख्यमंत्री कन्या सुमंगला योजना के तहत पंजीकरण (आवेदक का विवरण: माता-पिता / अभिभावक / स्व)

Applicant's Relation with Girl Child /
बालिका के साथ आवेदक का संबंध *

Mother

Applicant's Mobile Number /
आवेदक का मोबाइल नंबर *

9060316100

Applicant Name / आवेदक का नाम *

Mrs.

Applicant

Mid Name

Applicant's Last Name

Applicant's Father/Husband Name / आवेदक के पिता / पति का नाम

Mr.

Applicant

Father

Father/Husband Last Name

Total No. of Beneficiary's children in family / लाभार्थी के परिवार में बच्चों की कुल संख्या *

2

No. of Girls in Family / परिवार में लड़कियों की संख्या *

2

No. of Boys in Family / परिवार में लड़कों की संख्या *

0

Applicant Type / आवेदक का प्रकार *

Rural

[PASSWORD HELP](#)

District / जिला * (For Physical Verification / भौतिक सत्यापन)

Aligarh

Block / ब्लॉक *

ATRAULI

Grampanchayat / ग्रामपंचायत *

AHMADPURA

Village / गाँव *

Village

Password / पासवर्ड *

Confirm Password / पासवर्ड की पुष्टि करें *

☒ I am a resident of Uttar Pradesh *

☒ Annual income of family is below Rs 3 lacs *

50445

30445

Send SMS OTP

Close



Department of Women & Child Development Government of Uttar Pradesh



MUKHYAMANTRI KANYA SUMANGLA YOJANA



हिंदी



First Time User - Register Yourself

Terms & Conditions

- * Provide valid mobile number for further communication.
- * Financial assistance for girl child is to be granted by concerned details provided by the applicant/terms and conditions of scheme funds as per Government policy.
- * If any document / information found incorrect, the complete application will be rejected.
- * A unique, valid mobile number at the time of registration should be given.
- * If duplicate applications found for the same girl child, all applications will be rejected.

नियम एवं शर्तें

- * आगे संचार के लिए वैध मोबाइल नंबर प्रदान करें।
- * आवेदक द्वारा प्रदान किए गए दस्तावेजों और अन्य विवरणों के आधार पर संबंधित प्राधिकारी द्वारा बालिका के लिए सरकार की नीति, विभाग और निधियों की उपलब्धता, योजना के नियम और शर्तों के अनुसार वित्तीय सहायता प्रदान की जाती है।
- * यदि कोई दस्तावेज सूचना गलत पाई गई तो पूरा आवेदन खारिज कर दिया जाएगा।



success!

Registered successfully. Your loginid is -
WR20120011499. Loginid has been shared to your
mobile number. Please login to continue!

OK

Already Registered ? - Login Here

Enter Login ID

Enter Password

64228

Enter Password



Forget password ?

Sign-IN

Helping Documents & Manual

• About the Scheme

Step 3: Applicant can login to the portal via login id provided on their mobile after successful registration.



Department of Women & Child Development Government of Uttar Pradesh



MUKHYAMANTRI KANYA SUMANGLA YOJANA



हिंदी



First Time User - Register Yourself

Terms & Conditions

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- * If duplicate applications found for the same girl child, all applications will be rejected.

नियम एवं शर्तें

Login id

Password

Already Registered ? - Login Here

WU20120011499

64228


64228



[Forget password ?](#)

Sign-IN



Step 4: Applicant will submit information related to girl child and bank details.



Department of Women & Child Development

Government of Uttar Pradesh

MUKHYAMANTRI KANYA SUMANGLA YOJANA



Welcome Mr. Father (WU20150021601)

User ID : WU20150021601

Information Related to Girl Child (बालिका से संबंधित जानकारी)

Mother's Name

Title / शीर्षक

Mrs.

Mother's First Name /
माता का पहला नाम *

Mother

Mother's Middle Name /
माता का मध्य नाम

Mother's Mid Name

Mother's Last Name /
माता का अंतिम नाम

Mother's Last Name

Mother's Name in hindi

Mother's Name in hindi / माता का नाम हिंदी में (Type in english and then press space key /
अंग्रेजी में टाइप करें और फिर स्पेस की दबाएं) *

माता

Mother is :

☒ Alive ☐ No more

Father's Name

Title / शीर्षक

Mr.

Father's First Name /
पिता का पहला नाम *

Father

Father's Middle Name /
पिताजी का मध्य नाम

Father's Last Name /
पिता का अंतिम नाम

Father's Name in hindi

Father's Name in hindi / पिता का नाम हिंदी में (Type in english and then press space key /
अंग्रेजी में टाइप करें और फिर स्पेस की दबाएं) *

पिता

Bank Account Details (बैंक खाता का विवरण) *

Note: Please Provide Account Holder Name And Account Number Of Same Person. Account Number And Account Holder Name Should Not Mismatch. Please Upload First page of bank passbook of the same account number which is given above.
(कृपया खाताधारक का नाम और उसी व्यक्ति का खाता नंबर प्रदान करें। खाता संख्या और खाता धारक का नाम मेल नहीं होना चाहिए। कृपया उसी खाता संख्या की बैंक पासबुक का प्रथम पृष्ठ अपलोड करें जो ऊपर दी गई है)

Select District for Bank /
बैंक के लिए जिला चुनें

Agra

Bank Name /
बैंक का नाम

AGRA DISTRICT CENTRAL CO-OPBANK

Bank IFSC Code & Branch Name /
बैंक आई एफ सी कोड (शाखा का नाम)

ICIC00AGDCB - ACHINERA, AGRA DISTRICT

Relationship of account holder with Girl child /
बालिका के साथ खाताधारक का रिश्ता

Mother

Account Holder Name /
खाताधारक का नाम

Mother

Bank Account No. /
बैंक खाता संख्या

00876546565

Bank Branch address /
बैंक शाखा का पता

Agra

Bank Passbook / बैंक पासबुक (PDF)

Choose File

PASSBO - B.pdf

(File size for PDF should be 50-100 KB)

Go

Step 5: Click on “Go” button.

Information Related to Girl Child (बालका स सबाधत जानकारी)

Mother's Name

Title / शीर्षक

Mrs.

Mother's First Name

माता का पहला नाम *

mother

Mother's Middle Name

माता का मध्य नाम

Mother's Mid Name

Mother's Last Name

माता का अंतिम नाम

Mother's Last Name

Mother's Name in hindi

माता

Mother is :
☒ Alive ☐ No more

Father's Name

Title / शीर्षक

Mr.

Father's First Name

पिता का पहला नाम *

Father

Father's Middle Name

पिता का मध्य नाम

Father's Last Name

पिता का अंतिम नाम

Father's Name in hindi

पिता

Bank Account Details (बैंक खाता का विवरण) *

Note: Please Provide Account Holder Name And Account Number Of Same Person. Account Number And Account Holder Name Should Not Mismatch. Please Upload First page of bank passbook of the same account number which is given above.
(कृपया खाताधारक का नाम और उसी व्यक्ति का खाता नंबर प्रदान करें | खाता संख्या और खाता धारक का नाम वेमेल नहीं होना चाहिए | कृपया उसी खाता संख्या की बैंक पासबुक का प्रथम पृष्ठ अपलोड करें जो ऊपर दी गई है)

Select District for Bank /
बैंक के लिए जिला चुनें

Bank Name /
बैंक का नाम

Bank IFSC Code & Branch Name /
बैंक आई एफ एस सी कोड (शाखा का नाम)

Agra

AGRA DISTRICT CENTRAL CO-OP BANK

ICIC00AGDCB - ACHHNERA, AGRA DISTRICT

Relationship of account holder with Girl child /
बालिका के साथ खाताधारक का रिश्ता

Account Holder Name /
खाताधारक का नाम

Bank Account No. /
बैंक खाता संख्या

Bank Branch address /
बैंक शाखा का पता

Father

Father

096557676654

Agra

Bank Passbook / बैंक पासबुक (PDF)

View Uploaded Passbook

☒ Change

Go

Applicant can change uploaded passbook by clicking here



Success!

Details updated successfully

OK

Step 5: Now, Applicant will add girl child to be benefitted.



Department of Women & Child Development Government of Uttar Pradesh



MUKHYAMANTRI KANYA SUMANGLA YOJANA

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Welcome Mr. Father (WU20150021601)

Girl Child - I • Girl Child - II • Girl Child - III • Profile • Reports • Logout

Girl Child Added

MKS Y NO	GIRL CHILD NAME	DATE OF BIRTH	PLACE OF BIRTH	FATHER'S NAME	MOTHER'S NAME	ACTION
NO RECORD FOUND!						

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india.gov.in
The national portal of India



National Voters
Service Portal



PMINDIA



राष्ट्रीय ई-गवर्नेंस योजना
National e-Governance Plan
Public Services Online Delivery



MeitY



dial.gov
Interface for common man to
access welfare schemes
information



data.gov.in
Share • Experience • Explore



DEPARTMENT OF CONSUMER AFFAIRS
Ministry of Consumer Affairs, Food & Public Distribution
Kendri Bhawan, New Delhi, Government of India



Department of Women & Child Development Government of Uttar Pradesh



MUKHYAMANTRI KANYA SUMANGLA YOJANA



हिंदी

हिंदी



Welcome Mr. Father (WU20150021601)

Girl Child - I • Girl Child - II • Girl Child - III • Profile • Reports • Logout

Add Beneficiary One (प्रथम लाभार्थी जोड़ें)

Applicant (Parents / Guardian / Self)'s Name / आवेदक (माता-पिता / अभिभावक / स्वयं) का नाम

Mr.

Father

Relation with girl child / बालिका के साथ रिश्ता

Father

Mobile Number / मोबाइल नंबर

7060516100

Total Child / कुल बच्चे

3

Boys / लड़के

0

Girls / लड़कियाँ

3

Relationship of Account Holder with Girl child / बालिका के साथ खाताधारक का रिश्ता

Father

IFSC Code / आई एफ एस सी कोड

ICIC00AGDCB

Account Number / खाता संख्या

095567676654

Account Holder Name / खाताधारक का नाम

Father

Branch Name / शाखा का नाम

ACHHNERA, AGRA DISTRICT CENTRAL

Bank Name / बैंक का नाम *

AGRA DISTRICT CENTRAL CO-OP BANK

Branch Address / शाखा का पता *

Agra

☐ I am the citizen of UP

☐ My family income is below 3 Lac

Title / शीर्षक

Mrs.

Mother's First Name /

माता का पहला नाम

mother

Mid Name /

मध्य नाम

Middle Name

Last Name /

अंतिम नाम

Last Name

Title / शीर्षक

Mr.

Father's First Name /

पिता का पहला नाम

Father

Mid Name /

ह्र मध्य नाम

Middle Name

Last Name /

अंतिम नाम

Last Name

Title / शीर्षक

Ms.

Girl's First Name /

बालिका का पहला नाम *

girl

Mid Name /

मध्य नाम

Middle Name

Last Name /

अंतिम नाम

Last Name

Girl child name in hindi / बालिका का नाम हिंदी में (Type in english and then press space key) *

बालिका

Type of Beneficiary / लाभार्थी का प्रकार *

Biological

Date of Birth / जन्म की तिथि *

01-08-2020

Place of Birth (District) / जन्म स्थान (जिला) *

Agra

Category / वर्ग *

Category Desc / वर्ग विवरण *

Total Child / कुल बच्चे

3

Boys / लड़के

0

Girls / लड़कियाँ

3

Relationship of Account Holder with Girl child / बालिका के साथ खाताधारक का रिश्ता

Father

IFSC Code / आई एफ एस सी कोड

ICIC00AGDCB

Account Number / खाता संख्या

096567676654

Account Holder Name / खाताधारक का नाम

Father

Branch Name / शाखा का नाम

ACHHNERA, AGRA DISTRICT CENTRAL

Bank Name / बैंक का नाम *

AGRA DISTRICT CENTRAL CO-OP BANK

Branch Address / शाखा का पता *

Agra

☐ I am the citizen of UP☐ My family income is below 3 Lac

Present Address (For Physical Verification) / वर्तमान पता (भौतिक सत्यापन के लिए)

Area / क्षेत्र

Urban

District / जिला

Agra

Tehsil / तहसील

Agra

Pargana / Town / City

(परगना / नगर / शहर)

Achhnera

Ward / Location

(वार्ड / मोहल्ला)

Ward

Pincode / पिन कोड *

282001

Street/House no. / गली, मकान सं *

Agra

Mr.

Father

Middle Name

Last Name

Title

श्री/श्रीक

Girl's First Name

बालिका का पहला नाम *

Mid Name

मध्य नाम

Last Name

अंतिम नाम

Ms

girl

Middle Name

Last Name

Girl child name in hindi / बालिका का नाम हिंदी में (Type in english and then press space key) *

बालिका

Type of Beneficiary / लाभार्थी का प्रकार *

Biological

Date of Birth / जन्म की तिथि *

01-08-2020

Place of Birth (District) / जन्म स्थान (जिला) *

Agra

Category / वर्ग *

General

Category Desc / वर्ग विवरण *

Category Desc

Permanent Address (स्थायी पता)

☒ If same as Present Address, Click here: यदि वर्तमान पते के समान है, तो यहां क्लिक करें

Area / क्षेत्र *

Urban

District / जिला *

Agra

Tehsil / तहसील *

Agra

Pargana / Town / City

(परगना / नगर / शहर) *

Achhnera

Ward / Location

(वार्ड / मोहल्ला) *

Ward

Pincode / पिन कोड *

282001

Street/House no. / गली, घर का नंबर *

Agra

Submit

Activate Windows

Go to Settings to activate Windows

Step 7: Now, click on “Apply” button to view eligibility.



Department of Women & Child Development Government of Uttar Pradesh

 **MUKHYAMANTRI KANYA SUMANGLA YOJANA**



हिंदी

Welcome Mr. Father (WU20150021601)

Girl Child - I • Girl Child - II • Girl Child - III • Profile • Reports • Logout

Girl Child Added

MKSY NO	GIRL CHILD NAME	DATE OF BIRTH	PLACE OF BIRTH	FATHER'S NAME	MOTHER'S NAME	ACTION
WU201500216011	Girl (बालिका)	01-08-2020	Agra	Father (पिता)	Mother (माता)	

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Step 7: Click on “Eligible” button.



Department of Women & Child Development
Government of Uttar Pradesh



MUKHYAMANTRI KANYA SUMANGLA YOJANA



△ △ A

हिंदी

□ Welcome Mr. Father (WU20150021601)

Girl Child - I ▾ Girl Child - II ▾ Girl Child - III ▾ Profile ▾ Reports ▾ Logout

Girl Child Added

MKSY NO	GIRL CHILD NAME	DATE OF BIRTH	PLACE OF BIRTH	FATHER'S NAME	MOTHER'S NAME	ACTION
WU201500216011	Girl (बालिका)	01-08-2020	Agra	Father (पिता)	Mother (माता)	Apply

MKSY No. : WU201500216011

Following are the Details of benefits to be provided under Mukhyamantri Kanya Sumangla Yojana

STAGE श्रेणी	STAGES OF BENEFITS लाभ के चरण	BENIFITS(IN INR) लाभ (रुपये में)	STATUS OF APPLICATION आवेदन की स्थिति	UPDATE APPLICATION आवेदन अपडेट करें	AFFIDAVIT FORMAT शपथ पत्र प्रारूप
Stage 1 श्रेणी 1	After Birth of girl child बालिका के जन्म के बाद	2000(one time)	Eligible - Click here to apply	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 2 श्रेणी 2	After completion of full Immunization पूर्ण टीकाकरण के पूरा होने के बाद	1000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 3 श्रेणी 3	After admission in Class 1 कक्षा 1 में प्रवेश के बाद	2000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 4 श्रेणी 4	After admission in Class 6 कक्षा 6 में प्रवेश के बाद	2000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 5 श्रेणी 5	After admission in Class 9 कक्षा 9 में प्रवेश के बाद	3000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 6 श्रेणी 6	After admission in Degree courses/at least 2 years certified Diploma course डिग्री पाठ्यक्रमों में प्रवेश के बाद/कम से कम 2 साल का सर्टिफिकेट डिप्लोमा कोर्स	5000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें

Step 8: Applicant can verify and update their registration details.

VERIFY REGISTRATION & BENEFICIARY

Registration Details

Applicant (Parents / Guardian / Self)'s Name / आवेदक (माता-पिता / अभिभावक / स्वयं) का नाम

Mr. ▼

Father

Mr. ▼

Father

Applicant's Last Name

Applicant's Father/Husband's Name / पिता/पति का नाम

Mr. ▼

Father

Mr. ▼

Father

Father/Husband's Last Name

Total No. of children in family / परिवार में बच्चों की कुल संख्या

3

Girls' Count / लड़कियों की गिनती

3

Boy's Count / लड़के की गिनती

0

Relation / रिश्ता

Father ▼

Applicant Type / आवेदक का प्रकार

Urban ▼

District/ जिला

Agra ▼

Tehsil / तहसील

Agra ▼

Pargana / Town / City / परगना / नगर / शहर

Achinera ▼

Ward / Location / वार्ड / मोहल्ला

Ward

Mobile Number / मोबाइल नंबर

7060516100

☐ I agree, All the information given by me in this form is completely true to my knowledge and belief.

Update

Cancel

Permanent address

Area

District

Tehsil

Present address

Area

District

Tehsil

Step 9: After this, Applicant can fill application from.



Department of Women & Child Development
Government of Uttar Pradesh
MUKHYAMANTRI KANYA SUMANGLA YOJANA



हिंदी

□ Welcome Mr. Father (WU20150021601)

Girl Child - I + Girl Child - II + Girl Child - III + Profile + Reports + Logout

Stage 1 to be filled to avail benefit after Birth of Girl
NOTE: Girl Child Age should be less than 6 Months.

Name of Applicant :	Mr	Father		
Type of Relationship with Girl(Mother/Father/Guardian) :	Father			
Name of Girl in Hindi :	बालिका			
Name of Girl in english :	girl	Girl Child Middle Name	Girl Child Last Name	
Date of Birth & Place of Birth :	01-08-2020	0 Years 0 Months 9 Days	Agra	
Mother's Name :	Mrs	mother	Mother's Middle Name	Mother's Last Name
Father's Name :	Mr	Father	Father's Middle Name	Father's Last Name
If family of beneficiary is resident of UP :	<input checked="" type="checkbox"/> Yes		Is Annual income of family below Rs 3 lacs :	<input checked="" type="checkbox"/> Yes
Address				
Permanent address		Present address		

Activate Windows
Go to Settings to activate Windows.

Permanent address

Area	District	Tehsil
Urban	Agra	Agra
Pargana / Town / City	Ward / Location	Pincode
Achhnera	Ward	282001
Street, House no.		
Agra		

Present address

Area	District	Tehsil
Urban	Agra	Agra
Pargana / Town / City	Ward / Location	Pincode
Achhnera	Ward	282001
Street, House no.		
Agra		

Number of children in family is 3 or less than 3 :

☒ Yes

Mobile Number :

7080516100

Total number of girl child in family :

3

How many girls are getting benefit of the scheme :

3

Type of beneficiaries :

Biological

Cast Category :

General

Do you want to continue with the bank account details given at the time of registration ?

(क्या आप रजिस्ट्रेशन के समय दिए गए बैंक खाता विवरण के साथ जारी रखना चाहते हैं ?)

☐ Yes (हाँ)

☐ No (नहीं)

Details of Bank Account

Note: Please Provide Account Holder Name And Account Number Of Same Person. Account Number And Account Holder Name Should Not Mismatch. Photocopy of passbook should be same as given account holder name and account number and clear visible.

कृपया खाताधारक का नाम और उसी व्यक्ति का खाता नंबर प्रदान करें। खाता संख्या और खाता धारक का नाम बेमेल नहीं होना चाहिए। पासबुक की छायाप्रति खाता धारक के नाम और खाता संख्या के समान होनी चाहिए और दृश्यमान होनी चाहिए।

Account Holder Name

Father

Account Number

096367676654

Bank Name

AGRA DISTRICT CENTRAL CO-OP BANK

IFSC Code

ICIC00AGDCB

Branch Name

ACHHNERA, AGRA DISTRICT CENTRAL CO-OP BANK

Branch Address

Agra

View Existing Passbook / मौजूदा पासबुक देखें

Please fill for Category 1 to be filled to avail benefit after birth of Girl. Please also mention Identity No/Family ID Number if already registered under the same scheme.

Step 10: Here, Applicant can change their bank details.

Total number of girl child in family :3How many girls are getting benefit of the scheme :3

Type of beneficiaries :BiologicalCast Category :General

Do you want to continue with the bank account details given at the time of registration ?
(क्या आप रजिस्ट्रेशन के समय दिए गए बैंक खाता विवरण के साथ जारी रखना चाहते हैं ?)

☐ Yes (हाँ)☒ No (नहीं)

Details of Bank Account

Note: Please Provide Account Holder Name And Account Number Of Same Person. Account Number And Account Holder Name Should Not Mismatch. Photocopy of passbook should be same as given account holder name and account number and clear visible.
कृपया खाताधारक का नाम और उसी व्यक्ति का खाता नंबर प्रदान करें। खाता संख्या और खाता धारक का नाम ब्रेमेल नहीं होना चाहिए। पासबुक की छायाप्रति खाता धारक के नाम और खाता संख्या के समान होनी चाहिए और दृश्यमान होनी चाहिए।

Select District for BankDistrict

Bank NameBank Name

Bank IFSC Code & Branch NameIFSC

Relationship of account holder with Girl childSelect Relation

Account Holder NameAccount Holder Name

Bank Account No.Bank Account No.

Bank Branch address

Bank Passbook / बैंक पासबुक (PDF)

Choose FileNo file chosen

Upload

(File size for PDF should be 50-100 KB)

Please fill for Category 1 to be filled to avail benefit after birth of Girl, Please also mention Identity No/Family ID Number if already registered under the same scheme.

Birth Registration numberBirth Registration number

Details of Issuing authority of Birth CertificateDetails of Issuing authority of Birth Certificat

Location of Birth--select--

Also upload/attach following documents

(Note : File size for JPEG/PNG should be 10-50 KB and for PDF, it should be 50-100 KB)

Photo of Girl child (JPG/PNG)

Choose FileNo file chosen

Upload

Upload Joint photo of girl child with family (JPG/PNG)

Choose FileNo file chosen

Upload

Affidavit on prescribed format

Choose FileNo file chosen

Upload

Step 11: Applicant will choose file to upload and then click on “Upload” button .

Please fill for Category 1 to be filled to avail benefit after birth of Girl, Please also mention Identity No/Family ID Number if already registered under the same scheme.








Birth Registration number
B202009399

Details of Issuing authority of Birth Certificate
Details of Issuing authority of Birth Certificat

Location of Birth
Institutional Delivery/Nursing Home/Health Centre/Amb

Also upload/attach following documents

(Note : File size for JPEG/PNG should be 10-50 KB and for PDF, it should be 50-100 KB)

Photo of Girl child (JPG/PNG)	Choose File	2222.jpg		
Upload Joint photo of girl child with family (JPG/PNG)	Choose File	family.png		
Affidavit on prescribed format Click here to download Affidavit Form	Choose File	No file chosen		
Birth Certificate (PDF)	Choose File	No file chosen		
Certificate of institutional delivery (PDF)	Choose File	No file chosen		
Mother's Identity Details (PDF) Select anyone document	Choose File	No file chosen		
Father's Identity Details (PDF) Select anyone document	Choose File	No file chosen		
Domicile / Permanent Address Proof (PDF) Select anyone document	Choose File	No file chosen		

☐ I agree, All the information given by me in this form is completely true to my knowledge and belief.

Submit

Activate Windows
Go to Settings to activate Windows

Terms & Conditions | Copyright Policy | Hyperlinking Policy | Privacy Policy | National Portal / U.P. Govt. Dept. site | E-Tender | RTI | Sitemap

Please fill for Category 1 to be filled to avail benefit after birth of Girl, Please also mention Identity No/Family ID Number if already registered under the same scheme.

Birth Registration number

B202009399

Details of Issuing authority of Birth Certificate

Details of Issuing authority of Birth Certificat

Location of Birth

Institutional Delivery/Nursing Home/Health Centre/Amb

Also upload/attach following documents

(Note : File size for JPEG/PNG should be 10-50 KB and for PDF, it should be 50-100 KB)

Photo of Girl child (JPG/PNG)

Choose File 2222.jpg



Upload Joint photo of girl child with family (JPG/PNG)

Choose File family.png



Affidavit on prescribed format

[Click here to download Affidavit Form](#)

Choose File AFFIDAVIT.pdf



Birth Certificate (PDF)

Choose File bc.pdf



Certificate of institutional delivery (PDF)

Choose File DELIVERY.pdf



Mother's Identity Details (PDF)

Adhar Card

Choose File MID_B.pdf



Father's Identity Details (PDF)

Adhar Card

Choose File FID_B.pdf



Domicile / Permanent Address Proof (PDF)

Adhar Card

Choose File DOMICILE.pdf



☐ I agree, All the information given by me in this form is completely true to my knowledge and belief.

Submit

Activate Windows

Go to Settings to activate Windows

VERIFY REGISTRATION & BENEFICIARY

Registration Details

Applicant (Parents / Guardian / Self)'s Name / आवेदक (माता/पिता / अभिभावक / स्वयं) का नाम

Mr. ▾

Father

Mid Name

Applicant's Last Name

Applicant's Father/Husband's Name / पिता/पति का नाम

Mr. ▾

Father

Father/Husband's Last Name

Total No. of children in family / परिवार में बच्चों की कुल संख्या

3

Girls' Count / लड़कियों की गिनती

3

Relation / रिश्ता

Father

District/ जिला

Agra

Agra

Pargana / Town / City / परगना / नगर / शहर

Achinera

Ward / Location / वार्ड / मोहल्ला

Ward

Mobile Number / मोबाइल नंबर

7060514100

☐ I agree, All the information given by me in this form is completely true to my knowledge and belief.

Update

Cancel



Success!

Application submitted successfully. Your Application
no is -2015B0001593

OK

Acknowledgement Receipt



Department of Women & Child Development
Government of Uttar Pradesh
MUKHYAMANTRI KANYA SUMANGLA YOJANA



Home

हिंदी



Welcome Mr. Father (WU20150021601)

Girl Child - I - Girl Child - II - Girl Child - III - Profile - Reports - Logout

APPLICATION NO. :2015B0001593

Print

Receipt of Mukhyamantri Kanya Sumangla ID Number/Family ID

[Stage 1: After Birth of Girl Child]

GOVERNMENT OF UTTAR PRADESH, WOMEN AND CHILD DEVELOPMENT
MUKHYAMANTRI KANYA SUMANGLA YOJANA

MKSY No. : WU201500216011

User ID No : WU20150021601

बालिका का नाम (Name of Girl) : Girl

आवेदक का नाम (Name of Applicant) : Father


स्थायी पता (Permanent address) : Agra, Ward, Achhnera, Agra, Agra, U.P- 282001

आपका आवेदन स्वीकार कर लिया गया है, आगे की समस्त कार्यवाही हेतु आपका मुख्यमंत्री कन्या सुमंगला पहचान संख्या / परिवार आईडी/सी है **2015B0001593** (Your application has been accepted, for further communication under Mukhyamantri Kanya Sumangla Yojna user ID number/ family Id number : **2015B0001593**)



मुख्यमंत्री कन्या सुमंगला योजना के अंतर्गत प्राप्त होने वाले सभी लाभों का विवरण निम्नलिखित है (Following are the details of benefits to be provided under Mukhyamantri Kanya Sumangla Yojna):

श्रेणी STAGE	लाभ कब प्राप्त होगा STAGES OF BENEFITS	राशि (रुपए में) BENEFIT IN RS	लाभ प्राप्त होने की स्थिति STATUS OF APPLICATION
प्रथम श्रेणी Stage 1	बालिका के जन्म होने पर After Birth of Girl Child	२००० रूपए (एक मुश्त) Rs 2000 (one time)	आवेदन / प्राप्त / आगामी Applied/ Benefited / For Future
द्वितीय श्रेणी Stage 2	बालिका के एक वर्ष तक के पूर्ण टीकाकरण के उपरान्त After completion of full Immunization of Girl Child	१००० रूपए (एक मुश्त) Rs 1000 (one time)	आवेदन / प्राप्त / आगामी Applied/ Benefited / For Future
तृतीय श्रेणी Stage 3	कक्षा प्रथम में बालिका के प्रवेश के उपरान्त After admission in Class 1	२००० रूपए (एक मुश्त) Rs 2000 (one time)	आवेदन / प्राप्त / आगामी Applied/ Benefited / For Future
चतुर्थ श्रेणी Stage 4	कक्षा छठी में बालिका के प्रवेश के उपरान्त After admission in Class 6	२००० रूपए (एक मुश्त) Rs 2000 (one time)	आवेदन / प्राप्त / आगामी Applied/ Benefited / For Future
पंचम श्रेणी Stage 5	कक्षा नवीं में बालिका के प्रवेश के उपरान्त After admission in Class 9	३००० रूपए (एक मुश्त) Rs 3000 (one time)	आवेदन / प्राप्त / आगामी Applied/ Benefited / For Future
षष्ठम श्रेणी Stage 6	ऐसी बालिकाएं जिन्होंने कक्षा १०वीं/१२वीं उत्तीर्ण करके स्नातक डिग्री या काम से काम दो वर्षीय डिप्लोमा कोर्स में प्रवेश लिया हो After admission in Degree courses / at least 2 years certified Diploma course	५००० रूपए (एक मुश्त) Rs 5000 (one time)	आवेदन / प्राप्त / आगामी Applied/ Benefited / For Future

Step 12: Applicant can view submitted application by clicking on “View Application”.



Department of Women & Child Development
Government of Uttar Pradesh
MUKHYAMANTRI KANYA SUMANGLA YOJANA

हिंदी

Welcome Mr. Father (WU20150021601)
Girl Child - I • Girl Child - II • Girl Child - III • Profile • Reports • Logout

Girl Child Added

MKSY NO	GIRL CHILD NAME	DATE OF BIRTH	PLACE OF BIRTH	FATHER'S NAME	MOTHER'S NAME	ACTION
WU201500216011	Girl (बालिका)	01-08-2020	Agra	Father (पिता)	Mother (माता)	Apply

MKSY No. : WU201500216011

Following are the Details of benefits to be provided under Mukhyamantri Kanya Sumangla Yojana

STAGE श्रेणी	STAGES OF BENEFITS लाभ के वरण	BENEFITS (IN INR) लाभ (रुपये में)	STATUS OF APPLICATION आवेदन की स्थिति	UPDATE APPLICATION आवेदन अपडेट करें	AFFIDAVIT FORMAT शपथ पत्र प्रारूप
Stage 1 श्रेणी 1	After Birth of girl child बालिका के जन्म के बाद		Already Applied View Application (2015B0001593)	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 2 श्रेणी 2	After completion of full Immunization पूर्ण टीकाकरण के पूरा होने के बाद	1000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 3 श्रेणी 3	After admission in Class 1 कक्षा 1 में प्रवेश के बाद	2000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 4 श्रेणी 4	After admission in Class 6 कक्षा 6 में प्रवेश के बाद	2000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 5 श्रेणी 5	After admission in Class 9 कक्षा 9 में प्रवेश के बाद	3000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 6 श्रेणी 6	After admission in Degree courses/ at least 2 years certified Diploma course डिग्री पाठ्यक्रमों में प्रवेश के बाद/ कम से कम 2 साल का सर्टिफिकेट डिप्लोमा कोर्स	5000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें

View Application

Print



बालिका का नवीनतम फोटो
(Girls latest photo)

महिला एवं बाल विकास विभाग, उत्तर प्रदेश
Women and Child Development Department, UP
आठवां तल, जवाहर भवन, लखनऊ
8th Floor, Jawahar Bhawan, Lucknow
म. मुख्यमंत्री कन्या सुमंगला योजना
Hon. Mukhyamantri Kanya Sumangla Yojna



आवेदक व बालिका का नवीनतम संयुक्त फोटो
(Latest joint photo of the applicant and girl)

नोट: बालिका के पंजीकरण हेतु सभी संलग्नकों के साथ, स्वयं-सत्यापित व पूर्ण रूप से भरे गए फॉर्म ही स्वीकार किये जायेंगे। (Note: Applications will only be accepted if all annexure are enclosed/uploaded and all documents are self attested. Incomplete forms will not be accepted)

Applicant ID - **WU20150021601** / Beneficiary ID - **WU201500216011** / Application Number - **2015B0001593** / Application Date - **10-08-2020**

1. आवेदक का नाम (Name of Applicant) **Mr. Father**
2. आवेदक का बालिका के साथ क्या सम्बन्ध है चुने (Type of Relationship with Girl) **Father**
3. बालिका का नाम (हिंदी में) (Name of Girl in Hindi) **बालिका**
4. बालिका का नाम (अंग्रेजी में) (Name of Girl in English) **Ms. Girl**
(कृपया नाम आधार कार्ड/फोटो पहचान पत्र/जन्म प्रमाण पत्र/विद्यालय सर्टिफिकेट के अनुरूप लिखें)
(Please mention name according to Adhar/Photo identity/Birth certificate/School certificate)
5. जन्म तिथि (Date of Birth) **01-08-2020** जन्म का स्थान (जिला) (Place of Birth) **Agra**
6. बालिका की माता का नाम (Mother's Name) **Mrs. Mother**
7. पिता का नाम (Father's Name) **Mr. Father**
8. अभिभावक का नाम (Guardian's Name)
9. क्या लाभार्थी का परिवार उत्तर प्रदेश का निवासी है (If family of beneficiary is resident of UP) **Yes**
10. स्थायी पता (Permanent Address)

District - **Agra**, Tehsil - **Agra**, Town - **Achhnera**, Ward - **Ward**, Street - **Agra**, पिनकोड (Pin Code) - **282001**

(निवास प्रमाण पत्र हेतु राशन कार्ड, आधार कार्ड, वोटर आईड डीओ, ड्राइविंग लाइसेंस, पासपोर्ट, जीवन विमा पॉलिसी, गैस कनेक्शन बुक, विद्युत बिल, जलकर रसीद, गृहकर रसीद, टेलीफोन बिल या बैंक पासबुक में से कोई एक संलग्न/अपलोड करें) (Please upload/attach any one of the document as proof of residence. Ration card, Adhar card, Voter ID, Driving License, Passport, Life Insurance Policy, Gas Connection Book, Electricity Bill, Water Tax Receipt, Telephone Bill or Bank Passbook)

11. वर्तमान पता (Present Address)

District - **Agra**, Tehsil - **Agra**, Town - **Achhnera**, Ward - **Ward**, Street - **Agra**, पिनकोड (Pin Code) - **282001**

11. वर्तमान पता (Present Address).....

District - **Agra**, Tehsil - **Agra**, Town - **Achhnera**, Ward - **Ward**, Street - **Agra**, पिनकोड (Pin Code) - **282001**

12. परिवार की वार्षिक आय ₹0-३.00 लाख से कम है (Is annual income of family below Rs.3 Lacs) **Yes**

13. परिवार में बच्चों की संख्या २ या उससे कम है (Number of children in family is 2 or less than 2)

14. परिवार में कुल कितनी संतानें हैं (Total number of children in family)..... **3**

15. श्रेणी (Category) **General** विवरण (Description) **Category Desc**

16. मोबाइल नं० (यदि उपलब्ध हो तो) (Mobile Number, If available) **7060516100**

17. परिवार की कितनी बालिकाएं योजना का लाभ ले रही हैं (How many girls are benefitted from the scheme) **3**

18. लाभ लेने वाली बालिका का प्रकार (Type of Beneficiary) **Biological**

19. यदि परिवार की २ बालिकाएं पहले से योजना का लाभ ले रही हैं और यह आवेदन तीसरी बालिका हेतु किया जा रहा हो तो सम्बंधित नियम स्पष्ट लिखें (If two girls of the family is already getting the benefit of the scheme and this application is for the third girl, the clearly write the relevant provision)

20. आवेदक की आधार कार्ड संख्या (Adhar Number of Applicant) (यदि उपलब्ध हो तो आधार कार्ड की छायाप्रति संलग्न /अपलोड करें) (Upload photocopy of Adhar card if available)

21. बैंक खाते का विवरण (Details of Bank Account)

खाताधारक का नाम (Name of Account Holder) **Father**

खाताधारक का महिला से सम्बन्ध (Relationship of Girl with account holder) **Father**

खाता संख्या (Account Number) **096567676654** बैंक का नाम (Name of Bank) **AGRA DISTRICT CENTRAL CO-OP.BANK** बैंक की शाखा व पता (Branch Name and address) **ACHHNERA, AGRA DISTRICT CENTRAL CO-OP.BANK Agra** आई० एफ० एस० सी० कोड (IFSC Code) **ICIC00AGDCB**

22. जन्म प्रमाण पत्र की पंजीयन संख्या (Birth Registration number) **B202009399**

23. जन्म प्रमाण पत्र जारीकर्ता का विवरण (Details of Issuing authority of Birth Certificate) **Details of Issuing authority of Birth Certificate**

24. जन्म कहाँ हुआ (Place of Birth) **Institutional Delivery/Nursing Home/Health Centre/Ambulance**

अपलोड किए गए दस्तावेज़ (Uploaded Documents)

बी डी ओ /एस डी एम द्वारा निरीक्षण रिपोर्ट (Inspection Report by BDO/SDM)

समिति की रिपोर्ट (Committee Report)


- बालिका का नवीनतम फोटो (Girls latest photo)
- आवेदक व बालिका का नवीनतम संयुक्त फोटो (Latest joint photo of the applicant and girl)
- निर्धारित प्रारूप पर शपथ पत्र (Affidavit on the prescribed format)
- उत्तर प्रदेश का जन्म प्रमाण पत्र (Birth Certificate of Uttar Pradesh)
- संस्थानगत प्रसव का प्रमाण पत्र (Certificate of institutional delivery)
- माता का फोटो पहचान पत्र (Mothers Photo Identity Card -Adhar Card)
- पिता की फोटो पहचान पत्र (Fathers Photo Identity Card -Adhar Card)
- निवास प्रमाण पत्र (Adhar Card)
- बैंक खाते के पासबुक की छायाप्रति (Photocopy of pass book of bank account)

Under Processing


Under Processing

Documents uploaded by Applicant



Step 13: Applicant can edit their submitted application by clicking on “Edit Application”.



Department of Women & Child Development Government of Uttar Pradesh



MUKHYAMANTRI KANYA SUMANGLA YOJANA



हिंदी

Welcome Mr. Father (WU20150021601)[Girl Child - I](#) [Girl Child - II](#) [Girl Child - III](#) [Profile](#) [Reports](#) [Logout](#)

Girl Child Added

MKSY NO	GIRL CHILD NAME	DATE OF BIRTH	PLACE OF BIRTH	FATHER'S NAME	MOTHER'S NAME	ACTION
WU201500216011	Girl (बालिका)	01-08-2020	Agra	Father (पिता)	Mother (माता)	Apply

MKSY No. : WU201500216011

Following are the Details of benefits to be provided under Mukhyamantri Kanya Sumangla Yojana

STAGE श्रेणी	STAGES OF BENEFITS लाभ के चरण	BENEFITS (IN INR) लाभ (रुपये में)	STATUS OF APPLICATION आवेदन की स्थिति	UPDATE APPLICATION आवेदन अपडेट करें	AFFIDAVIT FORMAT शपथ पत्र प्रारूप
Stage 1 श्रेणी 1	After Birth of girl child बालिका के जन्म के बाद	2000(one time)	Already Approved View Application (2015B0001593)	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 2 श्रेणी 2	After completion of full Immunization पूर्ण टीकाकरण के पूरा होने के बाद	1000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 3 श्रेणी 3	After admission in Class 1 कक्षा 1 में प्रवेश के बाद	2000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 4 श्रेणी 4	After admission in Class 6 कक्षा 6 में प्रवेश के बाद	2000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 5 श्रेणी 5	After admission in Class 9 कक्षा 9 में प्रवेश के बाद	3000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें
Stage 6 श्रेणी 6	After admission in Degree courses/ at least 2 years certified Diploma course डिग्री पाठ्यक्रमों में प्रवेश के बाद/ कम से कम 2 साल का सर्टिफिकेट डिप्लोमा कोर्स	5000(one time)	Not Eligible	Edit Application	Download Affidavit शपथ पत्र डाउनलोड करें

Edit Application



Department of Women & Child Development Government of Uttar Pradesh MUKHYAMANTRI KANYA SUMANGLA YOJANA



1 2 3 4 5 6 7 8 9 10 11 12

हिंदी



Welcome Mr. Father (WT28150021961)

Girl Child - I - Girl Child - II - Girl Child - III - Profile - Reports - Logout

Application no - 2015B0001593
Stage 1 to be filled to avail benefit after Birth of Girl
NOTE: Girl Child Age should be less than 6 Months

Name of Applicant :	<input type="text" value="Mr."/>	<input type="text" value="Father"/>	<input type="text"/>	<input type="text"/>
Type of Relationship with Girl (Mother/Father/Guardian) :	<input type="text" value="Father"/>			
Name of Girl in Hindi :	<input type="text" value="अमिका"/>			
Name of Girl in english :	<input type="text" value="girl"/>			
Date of Birth & Place of Birth :	<input type="text" value="01-08-2020"/>	<input type="text" value="0 Years 0 Months 9 Days"/>	<input type="text" value="Agra"/>	<input type="text"/>
Mother's Name :	<input type="text" value="Mrs."/>	<input type="text" value="mother"/>	<input type="text" value="Mother's Middle Name"/>	<input type="text" value="Mother's Last Name"/>
Father's Name :	<input type="text" value="Mr."/>	<input type="text" value="Father"/>	<input type="text" value="Father's Middle Name"/>	<input type="text" value="Father's Last Name"/>
If family of beneficiary is resident of UP :	<input checked="" type="radio"/> Yes <input type="radio"/> No			
Is Annual income of family below Rs 3 lacs :	<input checked="" type="radio"/> Yes <input type="radio"/> No			

Address

Permanent address			Present address		
Area	District	Tehsil	Area	District	Tehsil
<input type="text" value="Uthman"/>	<input type="text" value="Agra"/>	<input type="text" value="Agra"/>	<input type="text" value="Uthman"/>	<input type="text" value="Agra"/>	<input type="text" value="Agra"/>
Pargana / Town / City	Ward / Location	Pincode	Pargana / Town / City	Ward / Location	Pincode
<input type="text" value="Achhaura"/>	<input type="text" value="Ward"/>	<input type="text" value="282001"/>	<input type="text" value="Achhaura"/>	<input type="text" value="Ward"/>	<input type="text" value="282001"/>
Street/House no.	<input type="text" value="Agra"/>		Street/House no.	<input type="text" value="Agra"/>	

Number of children in family is 3 or less than 3 :	<input checked="" type="radio"/> Yes <input type="radio"/> No	Mobile Number :	<input type="text" value="7069318108"/>
Total number of girl child in family :	<input type="text" value="3"/>	How many girls are getting benefit of the scheme :	<input type="text" value="3"/>
Type of beneficiaries :	<input type="text" value="Biological"/>	Cast Category :	<input type="text" value="General"/>

Do you want to continue with the bank account details given at the time of registration ?
(क्या आप रजिस्ट्रेशन के समय दिए गए बैंक खाता विवरण के साथ जारी रखना चाहते हैं ?)

☐ Yes (हाँ)

☐ No (नहीं)

Account Holder's Name

Father

Account number

098367676624

Bank Name

AGRA DISTRICT CENTRAL CO-OP BANK

IFSC Code

ICIC00AGDCB

Bank Branch Name

ACHHNERA, AGRA DISTRICT CENTRAL CO-OP BANK

Branch Address

Agra

[View Existing Passbook / मौजूदा पासबुक देखें](#)

Please fill for Category 1 to be filled to avail benefit after birth of Girl, Please also mention Identity No/Family ID Number if already registered under the same scheme.

Birth Registration number:

B202009399

Details of Issuing authority of Birth Certificate:

Details of Issuing authority of Birth Certificate

Place of Birth :

Institutional Delivery/Nursing Home/Health Centre/Ambulance

Also upload/attach following documents

(Note : File size for JPEG PNG should be 10-50 KB and for PDF, it should be 50-100 KB)

Photo of Girl child (JPG/PNG)

[View Uploaded Document](#)[✔](#) [Change](#)

Upload Joint photo of girl child with family (JPG/PNG)

[View Uploaded Document](#)[✔](#) [Change](#)

Affidavit on prescribed format (PDF)

[View Uploaded Document](#)[✔](#) [Change](#)[Click here to download Affidavit Form](#)

Birth Certificate (PDF)

[View Uploaded Document](#)[✔](#) [Change](#)

Certificate of institutional delivery (PDF)

[View Uploaded Document](#)[✔](#) [Change](#)

Mother's Identity Details (PDF)

Aadhar Card

[View Uploaded Document](#)[✔](#) [Change](#)

Father's Identity Details (PDF)

Aadhar Card

[View Uploaded Document](#)[✔](#) [Change](#)

Domicile / Permanent Address Proof (PDF)

Aadhar Card

[View Uploaded Document](#)[✔](#) [Change](#)

☐ I agree, All the information given by me in this form is completely true to my knowledge and belief.

[Update](#)

Documents uploaded by Applicant



Department of Women & Child Development Government of Uttar Pradesh



MUKHYAMANTRI KANYA SUMANGLA YOJANA



हिंदी



Welcome Mr. Father (WU20150021601)

Girl Child - I - Girl Child - II - Girl Child - III - Profile - Reports - Logout



Success!

Application updated successfully

OK

Name of Applicant :

Type of Relationship with Girl (Mother/Father/Guardian) :

Name of Girl in Hindi :

Girl Child Name in Hindi

Name of Girl in english :

Girl Child First Name

Girl Child Middle Name

Girl Child Last Name

Date of Birth & Place of Birth :

01-01-1970

0 Years 0 Months 0 Days

Place Of Birth

Mother's Name :

Mrs

Mother's First Name

Mother's Middle Name

Mother's Last Name

Father's Name :

Mr

Father's First Name

Father's Middle Name

Father's Last Name