



JIYO PARSİ PROGRAMME – HEALTH OF THE COMMUNITY CRECHE/CHILDCARE ASSISTANCE REGISTRATION FORM

NOTE

1. Assistance to Parsi married couples to increase the size of their family by providing financial support up to Rs. 4000 / month/ child or actual whichever is less for Creche/Childcare giver payment for each child between 0 to 8 years.
2. This is a pilot scheme and selection for support will be based on the number of applicants, their income criteria, their possible contribution towards the program objectives and a personal interview.
3. After their selection, the couple will be required to get their details verified by the representative of the Anjuman/ Panchayat.
4. The verification form, and the list of documents to be submitted will be supplied by Jiyo Parsi to the selected applicant.

PLEASE FILL FORM IN BLOCK LETTERS

Name of the Applicant _____

Telephone: (R) _____ (O) _____ (Mobile) _____

Email ID _____

Applicant's Date of Birth _____ Age _____

Occupation of the applicant _____ Aadhaar No. of applicant _____

Name of Spouse _____

Telephone: (R) _____ (O) _____ (Mobile) _____

Email ID _____

Date of Birth of Spouse _____ Age _____

Occupation of the spouse _____ Aadhaar No. of spouse _____

Address _____

Annual Family Income from all Sources _____

How did you hear about the Jiyo Parsi Programme (tick those applicable)

1. Newspaper Advertisement _____

2. Workshop/ Event _____

3. Social Media _____

4. Through Anjuman/Panchayat _____

5. Others (specify) _____

Signature of Applicant and Spouse

Name of Child _____

Age of Child _____ Gender _____

Address and Contact Details of Crèche _____

Monthly Creche Fees _____

Alternate childcare method being adopted _____

Name and Adhar Card no of Childcare giver _____

Cost per month _____

Additional information you would like to give to support your case, including plans for increasing your family *

*I understand that the objective of the scheme is to reverse the declining trend of the Parsi population and that the support provided to me will be towards achieving this objective.

Signature of the Applicant _____ Date _____

Signature of the Spouse _____ Date _____

Any change in above information should be immediately informed to Dr. Katy Gandevia

Please send filled form to

**Dr. Katy Gandevia
Programme Co-ordinator
Jiyo Parsi Programme
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