



# DAMAN & DIU

## Summary

- **Financial Assistance to PLHIV**  
Financial assistance of Rs. 1000/- per month to People Living with HIV (PLHA) on ART.

श्रेणी : II  
SERIES : II

Daman . 1<sup>st</sup> July, 2016 10 Asadha 1938 (Saka)

सं. : 25  
No.

# सरकारी राजपत्र

## OFFICIAL GAZETTE



सत्यमेव जयते  
भारत सरकार  
Government of India

### संघ प्रदेश दमण एवं दीव प्रशासन

U.T. ADMINISTRATION OF DAMAN & DIU

प्राधिकरण द्वारा प्रकाशित

PUBLISHED BY AUTHORITY

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SERIES II No. : 25
DATED : 1 <sup>ST</sup> JULY, 2016.

**No. 4/5-1/2016-17/DDSACS/1015  
State AIDS Control Society  
UT Administration of Daman & Diu,  
Directorate of Medical & Health Services,  
Community Health Centre,  
Moti Daman – 396 220.**

**Dated : 25/06/2016.**

**NOTIFICATION**

The Administrator of UT's of Daman & Diu and Dadra & Nagar Haveli, is hereby pleased to approve the scheme for grant of Financial Assistance to People Living with HIV Positive/AIDS (PLHIV) for People Living with HIV/AIDS in Daman & Diu district with effect from 1<sup>st</sup> April 2016.

**Name of Scheme : Financial Assistance for People Living with HIV Positive/AIDS**

**Objective :**

- To provide financial assistance to People Living with HIV positive/AIDS.
- Motivation for Registration of HIV positive person in ICTC and ART center.
- Promote to avail health services and necessary treatments to prolong their life.
- To increase their immunity through giving financial support for improvement of their dietary pattern for better nutrition.

**Assistance to People Living with HIV Positive/AIDS :**

The HIV positive person will get financial assistance under this scheme for improvement of their dietary pattern for better nutritional food. The rate of financial assistance to the HIV positive person shall be Rs. 1000/- per month per case to increase their immunity by giving financial support for improvement of their dietary pattern. The amount shall be credited directly in their Bank Account.

If the HIV positive person is getting financial benefit from any other scheme but being a HIV positive he/she will be eligible to get the financial benefit under this scheme of UT of Daman & Diu.

**Pattern of Assistance :** 100% assistance from UT plan fund.

**Mode of Payment :** Financial assistance to the beneficiaries will be deposited directly in the Bank account of the beneficiary.

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SERIES II No. : 25
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### Eligibility

The Cash benefit scheme is applicable for HIV positive person as per following terms and conditions :

- a. The person must be HIV positive & must be registered under the ICTC of Daman/Diu district.
- b. The person must be registered/linked with Valsad/Surat ART Center for Daman district and Amreli/Junagadh ART Center for Diu district through ICTC of Daman/Diu district.
- c. The person must be domicile of the Daman/Diu district.
- d. The family income of the HIV reactive person should not be more than Rs. 1.00 lakh per annum from all sources.

The Director, Medical & Health Services, Daman & Diu and Health Officer, CHC-Ghoghla, Diu are authorized to draw & deposit the amount directly in the Bank Account of the beneficiary at Daman and Diu District respectively.

By order and in the name of Administrator of  
UT's of Daman & Diu and Dadra & Nagar Haveli.

Sd/-  
( Rakesh Kumar )  
Deputy Secretary (Health)

Place : Daman

Date :

Enclosures :

Annexure I : Application Form

Annexure II : Verification Certificate of the Beneficiary

Annexures required to be filled to avail the benefit of above scheme.

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SERIES II No. : 25
DATED : 1 <sup>ST</sup> JULY, 2016.

**Annexure – I**

**Application form**

**Financial Assistance for People Living with HIV Positive/AIDS**

To,

1. The Director, Medical & Health Services,  
UT Administration of Daman & Diu,  
CHC Campus, Fort Area, Moti Daman  
Daman – 396 220.
2. The Health Officer,,  
CHC – Ghoghla,,  
Diu – 362 540.

**Sub : Application for availing assistance under the scheme of "Financial Assistance for People Living with HIV Positive/AIDS" in the U.T. of Daman & Diu.**

Sir / Madam,

The following details are furnished herewith for availing assistance under the scheme "Financial Assistance for People Living with HIV Positive/AIDS" of UT Administration of Daman & Diu.

1	Name of Applicant	:	
2	Name of spouse/father	:	
3	Full Address	:	
	House Number	:	
	Locality	:	
	Village	:	
	Block/Tehsil/Taluka	:	
	District	:	
4	Domicile Certificate of applicant from competent authority of UT of Daman & Diu	:	
5	Date of Birth of Applicant (DD/MM/YEAR)	:	
6	PID No. of ICTC registration of applicant (Self attested ICTC test report must be attached)	:	
7	Copy of ART registration card of applicant (Self attested copy of ART Registration Card)	:	
8	Verification Certificate issued by concern ICTC Incharge & Counselor in prescribed format must be attached	:	
9	Whether belonging to SC/ST/OBC/Other	:	
10	Whether belonging to BPL family (Yes/No) (If yes, the copy of BPL card of UT of Daman & Diu to be attached)	:	
11	Attached Family Annual Income proof issued by competent authority of UT of Daman & Diu.	:	

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12	Aadhar Card No.	:	
13	Name of BANK, Branch, Saving A/C. No., IFSC Code (Copy of first page of Bank Passbook to be attached)	:	
	(a) Name of Bank	:	
	(b) Branch	:	
	(c) IFSC Code	:	
	(d) Saving Account Number	:	

It is requested that the monthly financial assistance of Rs. 1,000/- under scheme **"Financial Assistance for People Living with HIV Positive/AIDS" of UT Administration of Daman & Diu** may please be sanctioned in favor of me.

I hereby declared that the above information is true & correct to the best of my knowledge & belief.

Place : \_\_\_\_\_ Thumb impression/Signature of applicant \_\_\_\_\_

Dated : \_\_\_\_\_ Name of the Applicant : \_\_\_\_\_

Telephone/Mobile No : \_\_\_\_\_

Enclosures :-

1. Domicile certificate of applicant
2. Self attested copy of ICTC Test report of applicant
3. Self attested copy of ART registration Card of applicant
4. Verification Certificate issued by concern ICTC Counselor/ICTC Incharge
5. Family Income Certificate issued by Competent authority.
6. Self attested copy of Aadhar Card of applicant.
7. Self attested copy of first page of Bank Passbook.

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Annexure – II

**“Financial Assistance for People Living with HIV Positive/AIDS”**  
**State AIDS Control Society**  
**Directorate of Medical & Health Services,**  
**U. T. Administration of Daman & Diu.**

**VERIFICATION CERTIFICATE OF THE BENEFICIARY.**

Name of the ICTC \_\_\_\_\_ District DAMAN/DIU

1. It is certified the Mr./Mrs/Smt/Master/Miss. \_\_\_\_\_  
aged \_\_\_\_\_ years of H. No. \_\_\_\_\_ village/ward/lane \_\_\_\_\_,  
District \_\_\_\_\_ was registered in this ICTS on \_\_\_\_/\_\_\_\_/\_\_\_\_ and given PID No.  
\_\_\_\_\_ found HIV reactive/positive. And referred to ART Centre  
\_\_\_\_\_ for ART registration and further investigation, his/her ART  
registration No. \_\_\_\_\_
2. It is further certified that above information are true & correct to the best of my  
knowledge.

\_\_\_\_\_  
Name & Signature of the ICTC Counselor

Counter signed by ICTC Incharge \_\_\_\_\_

Name of ICTC Incharge \_\_\_\_\_

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

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