

GOVERNMENT OF ASSAM  
DECENTRALISED PLANNING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT

No.PD/DCP/50/2016/

Dated Dispur the 19<sup>th</sup> November /2016.

From : Jogesh Das  
Director (DCP)  
Planning & Development Deptt.

To : The Deputy Commissiner,  
.....District.

Sub : SUHRID Scheme under MLAAD Fund, 2016-17.

Sir,

In inviting reference to the subject cited above, I am directed to enclose herewith the copies of the **Guidelines and Application Formats** for financial assistance for Health and Education purposes under MLAAD Fund, " SUHRID " 2016-17 for favour of kind information and necessary action.

You are also requested kindly to circulate the same to the concerned MLA of the Legislative Constituencies of the district.

Enclo: As stated above.

Yours faithfully,

  
Director (DCP)

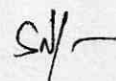
Planning & Development Deptt.

Memo.No.PD/DCP/50/2016/

Dated Dispur the 19<sup>th</sup> November /2016.

Copy to:

- 1.P.S. to the Hon'ble Minister, P & D Deptt. etc. for kind information of Hon'ble Minister.
- 2.P.S. to the Addl.Chief Secretary , P&D Deptt. for kind information of the Addl. Chief Secretary .
3. P.S to the Secretary , P&D Deptt. for kind information of the Secretary .

  
Director (DCP)

Planning & Development Deptt.

**GUIDELINES UNDER ADDITIONAL MLAAD FUND OF RS.50 LAKH PER CONSTITUENCY FOR ASSISTANCE IN EDUCATION /HEALTH SECTOR.**

The MLAAD fund has been supplemented by an additional grant of Rs.50 lakh per Constituency to enable assistance by the MLAs to the poor and needy citizens of their constituencies to meet the expenses incurred in the areas of health and higher education. The MLAs may forward the names of the selected beneficiaries to the concerned Deputy Commissioner of the District.

The guidelines of the Schemes are as follows:

- i. One time financial assistance up to Rs.10,000 per case may be granted to a patient as assistance for treatment of various critical diseases with the limit in exceptional cases up to Rs.20,000.
- ii. One time financial assistance of Rs.10,000 per student may be granted to a student as assistance for higher/technical and vocation educational purposes with the limit in exceptional cases up to Rs.20,000.
- iii. The intended beneficiary should neither be from the MLA's family nor his/her relative, nor any Govt. employee or his / her dependent.
- iv. The funds should be transferred to the A/C of the beneficiary by RTGS under Direct Benefit Transfer by the D.C of the district concerned on receipt of the recommendation of the MLA.
- v. The names of beneficiaries should be uploaded in the District website every month by the concerned Deputy Commissioner along with details of the purpose.
- vi. Only one beneficiary may be selected from a particular family in one Financial Year.
- vii. Any benefit under the Scheme should not be repeated to the same beneficiary in subsequent years.
- viii. Utilisation Certificate should be submitted for the Financial Year concerned within 3 (three) months of the close of the Financial Year.



**Application to the Deputy Commissioner..... for availing financial assistance in respect of Educational Benefit under MLA Area Development Fund (SUHRID), Govt.of Assam**

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photo

1.Name of the applicant –

2.Age - Male/Female-

3.Father's name -

4. Address in full - Village: P.O: Circle /Block:

P.S: District: Pin Code:

Telephone no if any :

5. Bank A/C No. with any Nationalised Bank Branch -

6. Qualification -

7. For which course of Higher/Technical/Vocational Education(H.S.L.C onwards) the benefit is sought for -

8.Details of the Institution in which admission is taken up- -

9.Recommendation of the Head of the institution with seal attended last –

10. Whether any family member is a Government employee -

11. Whether any Govt. aid is received earlier under any Head(if yes ,give details) ..

12. Recommendation from the concerned MLA with seal -

Date-  
Place-

Signature of the applicant

**Application to the Deputy Commissioner..... for availing financial assistance in respect of Medical purpose under MLA Area Development Fund (SUHRID), Govt.of Assam**

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photo

1.Name of the patient –

2.Age - Male/Female -

3.Father's name -

4. Address in full - Village: P.O: Circle /Block:

P.S: District: Pin Code:

Telephone no if any :

5. Bank A/C No. with any Nationalised Bank Branch -

6. Type of the disease -

7. Suffering since -

8.If under treatment, copy of doctor's prescription to be enclosed -

9. Signature of the doctor with seal -

(under whom the patient is undergoing treatment )

10. Whether any Govt. aid received earlier for treatment – Yes/No.

(If yes please specify)

11.Recommendation from the MLA concerned with seal –

Date-  
Place-

Signature  
or  
thumb impression of the patient