

**Application form for obtaining Nutrition Relief Stamps for mothers who gave new births (The application form must be submitted by child's mother or father)**

01. Name of the applicant:
02. Address:
03. Samurdhi Relief Stamp's No:
04. Name of the child:
05. Date of birth:
06. Name of the child's mother:
07. Name of the Cooperative Shop/Franchised Sales Outlet to where the Samurdhi Relief Stamp for the family referred to:

I do hereby certify that the above particulars are true and correct to the best of my knowledge.

Date: 26.02.26

.....

Signature

**Minutes of the Samurdhi Development Officer:**

The above information was examined by me and I found that the furnished above are true. Name and date of birth of the child have been given by its mother/father. This is correct according to the document issued by hospital. The birth certificate was examined by me/referred by me to examine it later.

Date:

.....

Signature of the Samurdhi Development Officer

Grama Niladhari Division: 733 - Payagala

**Office Minutes:**

This is a Samurdhi Beneficiary family. The mother in this family who gave a birth is entitled to have a Samurdhi Nutrition Stamp for 12 months from March 2009 to 2010. Your approval is sought to issue a Samurdhi Nutrition Stamp by validating stamps for March 2009 to December 2009.

Date:

.....

Subject Clerk

DS/ADS

Recommended and forwarded.

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Administrative Officer

Date: .....

Approved / not approved.

.....  
DS/ADS

**Issuance:**

The Samurdhi Nutrition Stamp bearing No. S 251500 was issued for year 2009. The stamps valid for January 2009 to February 2009 was cancelled and retained with me.

Date:

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Subject Clerk