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#### *उत्तरी कैरोलिना इन्फ़ेंट-टॉडलर प्रोग्राम*

#### *राहत प्रतिपूर्ति प्राधिकरण और चालान*

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| **सेक्शन 1: सामान्य जानकारी – प्रारंभिक हस्तक्षेप सेवा समन्वयक (EISC) और माता-पिता/अभिभावक द्वारा पूरी की जानी है**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CDSA को अधिकृत करना: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | पता: | | |  | | | | | | | | | | | | | | | | | | |
| डाक पता: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| बच्चे का नाम: | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | जन्मतिथि: | | | | | |  | | | HSIS ID #: | | | |  | | | |
|  | | अंतिम | | | | | | | | | | | | | | | | | | | | | | पहला | | | | | | | | | | | | | | | | M.I. | | |  | | | | | | माह / दिन / वर्ष | | | | | | | | | | |
| भुगतान के लिए अधिकृत माता-पिता/अभिभावक: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | | अंतिम | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | पहला | | | | | | | | | | | | | M.I. | |  |
| माता-पिता/अभिभावक का फ़ोन नंबर: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |
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| डाक पता: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | | |  | | | | | | |
|  | गली | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | शहर | | | | | | | | | | | | राज्य | | ज़िप कोड | | | आवासीय प्रांत | | | | | | |
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| EISC का नाम: | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | EISC का फ़ोन नंबर: | | | | | | | |  | | | | | |
|  | | | अंतिम | | | | | | | | | | | | | | | | | | | | | | | पहला | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
| IFSP प्राधिकृत आरंभ तिथि: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | प्रति | | | |  | | | | | | अंतिम तिथि | | | | | | IFSP परिणाम संख्या: | | | | | | | | | | | | |  | |
| (\*उपयोग की तिथि के लिए निर्देश देखें) | | | | | | | | | | | | | | | | | | | | | माह / दिन / वर्ष | | | | | | | |  | | | | माह / दिन / वर्ष | | | | | |  | | | | | | | | | | | |  | | | | | | |  | |
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| **सेक्शन 2: मोहलत प्राधिकरण अनुमोदन – EISC द्वारा पूरा किया जाना और वित्त अधिकारी द्वारा अनुमोदित किया जाना है** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | $5.00 | | **x** | | | |  | | | | | | | **=** |  | | | | | | **x** | | |  | | | | | | | **=** | | | $ | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | आधार दर | | | | | वार्षिक पारिवारिक सेवा प्रतिशत (AFSP) | | | | | | | |  | परिवार की प्रति घंटा दर | | | | | |  | | | प्राधिकृत विश्राम घंटे | | | | | | |  | | | अधिकतम प्रतिपूर्ति | | | | | | |  | | | | | | | | | | | | | | | | | |
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| EISC हस्ताक्षर और तिथि | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | वित्त अधिकारी के हस्ताक्षर और दिनांक | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **सेक्शन 3: मोहलत सेवाओं के लिए चालान – माता-पिता/अभिभावक द्वारा मासिक रूप से पूरा किया जाना है** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| प्रतिपूर्ति के लिए, सेक्शन 3 की सभी शर्तें पूरी करें और इस फ़ॉर्म को CDSA (उपर्युक्त पता) में अपने EISC को ***उस महीने की 20 तारीख* *से पहले* *जमा कर दें* *जिसमें सेवा प्रदान की गई थी।*** ***(20******तारीख के बाद प्रदान की गई सेवाओं के लिए, अगले महीने में चालान प्रस्तुत करें।)***  आप आवश्यकतानुसार अपने EISC से अतिरिक्त फ़ॉर्म प्राप्त कर सकते हैं। | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **राहत प्रदाता का नाम** (कृपया स्पष्ट रूप से प्रिंट करें) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **सेवा की तिथि** | | | | | | | | | | **शुरू होने का समय**  (पूर्वाह्न या अपराह्न पर गोला लगाएं) | | | | | | | | **समाप्ति समय**  (पूर्वाह्न या अपराह्न पर गोला लगाएं) | | | | |
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| **मैं प्रमाणित करता हूँ कि मेरे बच्चे को उपरोक्त तिथियों और समय पर मोहलत सेवाएं प्राप्त हुईं।** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| माता-पिता/अभिभावक के हस्ताक्षर | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | प्रतिपूर्ति के लिए EISC को भेजे जाने की तिथि | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **सेक्शन 4: प्रतिपूर्ति प्राधिकरण – वित्त अधिकारी द्वारा पूरा किया जाना है** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | **x** | |  | | | | | **=** | | | $ | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | कुल घंटे | | | | |  | | | | प्रति घंटा दर | | |  | | | कुल प्रतिपूर्ति | | | | | | |  | | | | प्रतिपूर्ति को अधिकृत करने वाले वित्त अधिकारी के हस्ताक्षर और तिथि | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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