

Form 1-B - APPLICATION FORM FOR CLAIM OF SECOND INSTALLMENT UNDER
PMMVY

(FILLED UP FORM SHOULD BE SUBMITTED TO AUTHORISED PERSONS ONLY)

Mandatory fields*

1. **Name of beneficiary*:** _____

2. **Aadhaar/ Identity number of beneficiary*:** _____

Identity Proof provided (tick one, as appropriate):

- a) Bank or Post Office photo passbook
- b) Voter ID Card
- c) Ration Card
- d) Kishan Photo Passbook
- e) Passport
- f) Driving License
- g) PAN Card
- h) MGNREGS Job Card
- i) Her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking;
- j) Any other Photo Identity Card issued by State Government or Union Territory Administrations;
- k) Certificate of identity with photograph issued by a Gazetted Officer on official letterhead;
- l) Health Card issued by Primary Health Centre (PHC) or Government Hospital;
- m) Any other document specified by the State Government or Union Territory Administration

Note: Alternate ID for claiming this installment will be accepted only in Jammu and Kashmir, Assam and Meghalaya.

3. **Date of delivery*:** _____

4. **Did the delivery take place in a Government approved facility?*** **Yes** **No**

a. **If yes, Name of Government approved facility** _____

5. **Tick yes, if already registered under the scheme:** **Yes** **No (If no, then fill Form 1-A) (If yes, enclose copy of Acknowledgement Slip)***

6. **Gender of Child/ Children*:**

a. ☐ Male ☐ Female (Please tick)

In case of multiple births, fill the following:

- b. ☐ Male ☐ Female (Please tick) (in case of twins)
- c. ☐ Male ☐ Female (Please tick) (in case of triplets)
- d. ☐ Male ☐ Female (Please tick) (in case of quadruplets)

7. First cycle of Vaccinations given*:

- a. BCG or equivalent/substitute: Yes No
- b. OPV or equivalent/substitute: Yes No
- c. DPT or equivalent/substitute: Yes No
- d. Hepatitis- B or equivalent/substitute: Yes No

8. Date of completion of first cycle of vaccinations*: _____

9. Tick 'Yes' if beneficiary reports case of any previous still births: Yes No

10. Enclose copies of*:

- a. Child Birth Certificate
- b. MCP card with immunization details

11. Health ID of beneficiary: _____

12. Details to be filled Anganwadi Worker / ASHA /ANM

Anganwadi Centre Name/Approved Health Facility Name:

Anganwadi Centre Code*:

Village/Town Name:

Village Code*:

Anganwadi Worker / ASHA /ANM Name*:

Post Office Name:

Project:

District*:

State/UT*: _____

Date of Claiming 3rd Instalment by beneficiary*: -----/-----/-----

Date of submission to Supervisor / ANM*: -----/-----/-----

13. **Checklist of Documents enclosed:**

S.No	Document to be enclosed (photocopy to be enclosed)	Document Enclosed Yes- Y
1	Aadhaar Card of beneficiary	
2	MCP Card with immunisation Details	
3	Child Birth Certificate	
4	Acknowledgement Slip	

Signature/Thumb Impression **Date** **Place**

Verification by Supervisor / ANM*

I, Smt. _____ have verified the information captured in the form and that the form is duly complete.

Signature **Name** **Date** **Sector Code**

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Acknowledgement to be given to beneficiary* (by Anganwadi Worker / ASHA /ANM)

Village/Town Name*: _____

Anganwadi Centre Code*: _____

Village Code*: _____

Anganwadi Worker / ASHA /ANM Name*: _____

Post Office Name: _____

Sector Name: _____

Project/health Block Name: _____

District*: _____

State/UT*: _____

Smt.* _____ (Name) has submitted duly filled **Form 1-C** along with documents as per checklist on _____ (Date).

Signature

Date

Place

PMMVY Form 2: Facilitation for documents required

(FILLED UP FORM SHOULD BE SUBMITTED TO AUTHORISED PERSONS ONLY)

Form 2-A - APPLICATION FORM FOR AADHAAR SEEDING OF BANK ACCOUNT OF BENEFICIARY

(Form-Filling and Submission to Bank to be facilitated by AWW/ ASHA /ANM)

Mandatory fields*

BANK

The Branch Manager

Bank

Branch.....

Date (dd/mm/yy):

Dear Sir/Madam,

Seeding of Aadhaar / UID Number with the account

Bank Account Number:

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I am maintaining a Bank Account in name with above mentioned bank account number with your Branch

(Branch name.....). I submit my Aadhaar number and voluntarily give my consent to;

- Seed my Aadhaar/UID number issued by the UIDAI, Government of India in my name with my aforesaid account.
- Map it at NPCI to enable me to receive Direct Benefit Transfer (DBT) from Government of India in my above account. I understand that if more than one Benefit transfer is due to me , I will receive all Benefit Transfers in this account
- Use my Aadhaar details to authenticate me from UIDAI
- Use my mobile number and/or Email (if available) mentioned below for sending SMS alerts to me.

The particulars of the Aadhaar/ UID letter are as under:

Aadhaar number:

Name: (As in Aadhaar card) (Enclose self-attested copy of Aadhaar)

I have been given to understand that my *information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.*

Yours faithfully,

Mobile No. Email: **(Signature/ Thumb impression of the account holder)**

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Confirmation of insertion / seeding of Aadhaar number with Bank Account:

(To be provided to Beneficiary by Bank through AWW/ ASHA /ANM)

The following Account number:

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Of Smt.with (Bank Name) Branch

..... has been seeded with

Aadhaar number and mobile number/Email-

ID.....

Date

(Bank's authorized official)

Form 2-B - Application Form For Aadhaar Seeding Of Post Office Account Of Beneficiary
(Form-Filling and Submission to Bank to be facilitated by AWW / ASHA / ANM)

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whichever is applicable.

For Post Office use only

The Aadhaar

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 number

Of Mr. / Mrs. / Ms. _____ has been seeded from the

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Account
number

with IPPB _____ Branch.

Name of Post Office Authorized Official _____ Official ID

Signature of Post Office Authorized Official _____

Date □□/□□/□□

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CUSTOMER ACKNOWLEDGEMENT SLIP

Acknowledgment slip for Aadhaar seeding:

Customer Name _____

Account

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 Number

Name of Post Office Authorized Official _____ Official ID

Signature of Post Office Authorized Official _____

Date □□/□□/□□
