

**Form 1-A- APPLICATION FOR REGISTRATION UNDER PMMVY AND CLAIM FOR
FIRST INSTALMENT**

*Mandatory fields

PERSONAL DETAILS

1. Beneficiary Details

i. Does Beneficiary have an Aadhaar card?* ☐ Yes ; ☐ No

If Yes,

ii. Name of Beneficiary (as in Aadhaar Card)*: _____

iii. Aadhaar Number*: _____
(Enclose copy of Aadhaar Card)

If No,

iv. Aadhaar Enrolment ID (EID):

v. Name of Beneficiary (as in Identity Card)*: _____

vi. Identity Number*: _____
(Enclose copy of Identity Card)

vii. Identity Proof provided:

- 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

3. Address (Present Residence Address) *:

House No/ Bldg./Apt.	Street/Road/Lane
Landmark	Area/locality/sector
Village/Town/City	Post Office
District	Sub-District
State/UT	PIN CODE

4. Mobile No: _____

5. Number of living child prior to the pregnancy/delivery for which claiming benefits under the scheme*: _____

6. Applying for 1st Child / 2nd Child (in case it is a Girl child)*:

7. Applying for*: 1st Instalment ☐ ; 2nd Instalment ☐

8. Last Menstrual Period (LMP) Date*: _____ (dd/mm/yyyy)
(enclose copy of MCP card) (this field is mandatory for claiming 1st and/or 2nd installment)

9. Date of registration of MCP card at AWC/ Village / Approved Health Facility*:
_____ (dd/mm/yyyy) (enclose copy of MCP card)

10. Category*: SC/ST/ OTHERS

11. Details of Bank / Post Office Account (enclose copy of page of Passbook showing name, account number and bank name) *:

i. Name as in Bank / P.O. Account:

ii. Account Number:

iii. Bank Name/ I.P.P.B Branch Name:

iv. Branch Name (in case of Bank Account):

v. IFSC Code (in case of a Bank Account):

vi. Address of P.O.(in case of P.O):

vii. PIN Code of P.O. (in case of P.O): _____

viii. Is the P.O/ Bank Account Aadhaar seeded? ☐ Yes ☐ No

12. Was the beneficiary enrolled in PMMVY 1.0? ☐ Yes ☐ No

13. If yes, please put ✓ on the instalment already applied for by beneficiary under PMMVY 1.0.

☐ None ☐ 1st Instalment (₹ 3000/-) ☐ 2nd Instalment (₹ 3000/-)

14. Health ID of beneficiary: _____

15. Undertaking by Beneficiary*

I, hereby, solemnly affirm as follows:

- a. that I am not an employee of the Central/ State Government/ Public Sector Undertaking,
- b. that I am not eligible for maternity benefits through my employer,
- c. Select any one of below,

i. Beneficiary having Aadhaar

I hereby give my consent in accordance with the Aadhaar Act, 2016 and regulations thereof for using my Aadhaar to establish and authenticate my identity and verify information given by me to the respective sources to avail the benefits under the PMMVY. The Department shall not further share my identity information to any other entity or for any other purpose without my specific consent.

Or

ii. Beneficiary without Aadhaar

I am providing a valid identification, in lieu of Aadhaar, I affirm that I do not have an Aadhaar as on the date of this application. I affirm that I have

applied for obtaining my Aadhaar number and have furnished my Aadhaar Enrolment ID (EID) for the same and agree to furnish my Aadhaar details as soon as it is available to me. If I have not provided my enrolment ID it is only because I have not been able to enrol for Aadhaar although I am willing to do so. I also provide my consent for making use of my other identification for availing the benefit under this scheme.

- d. That I have not used Aadhaar or other identification in violation of the provisions under this scheme.
- e. The bank account details provided by me are for my personal unshared bank account only.
- f. I give my consent for use of information regarding my pregnancy in order to avail benefits under this scheme.
- g. The information provided by me in all PMMVY forms for claiming benefits under PMMVY is correct and if found incorrect, I understand that I would be liable to appropriate legal action.
- h. I also confirm that I would be providing correct information for all matters related to claiming of instalments under PMMVY in the future as well.

The aforesaid statements made by me are true, complete and correct to the best of my knowledge.

**Signature/Thumb Impression of beneficiary
Place**

Date

Details to be filled by Anganwadi Worker / ASHA / ANM*

16. Details of Anganwadi Centre/Approved Health Facility
- | Anganwadi
Name: | 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*: | | _____ | | |

17. Checklist of documents enclosed:

S.No	Document to be enclosed (Photocopy to be enclosed)	Document Enclosed Yes- Y No – N Not Applicable- NA
1	Aadhaar Card of beneficiary	
2	Identity Card of beneficiary (in case Aadhaar not available)	
3	Aadhaar Enrolment slip of beneficiary (in case Aadhaar not available)	
4	MCP Card	
5	Page of Pass Book showing name, account number and bank name	

Date of Registration under PMMVY at Anganwadi Centre /Village (dd/mm/yy)*: -----
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Date of submission to Supervisor / ANM (dd/mm/yy)*: -----/-----/-----

Signature	Date	Place
_____	_____	_____