

PMMVY FORMS

**Form 1: Registration and Submission
of Claims**

Pmmvy 01.01.2017

APPLICATION FOR REGISTRATION UNDER PMMVY AND CLAIM FOR FIRST INSTALMENT

*Mandatory fields

PERSONAL DETAILS

1. <u>Beneficiary Details</u>	2. <u>Husband Details</u>
i. Does Beneficiary have an Aadhaar card?* <input type="radio"/> Yes ; <input type="radio"/> No	i. Does Husband have an Aadhaar card?* <input type="radio"/> Yes ; <input type="radio"/> No
If Yes,	If Yes,
ii. Name of Beneficiary (as in Aadhaar Card)*: _____	ii. Name of Husband (as in Aadhaar Card)*: _____
iii. Aadhaar Number*: _____ (Enclose copy of Aadhaar Card)	iii. Aadhaar Number of Husband*: _____ (Enclose copy of Husband's Aadhaar Card)
If No,	If No,
iv. Aadhaar Enrolment ID (EID): _____	iv. Aadhaar Enrolment ID (EID): _____
v. Name of Beneficiary (as in Identity Card)*: _____	v. Name of Beneficiary (as in Identity Card)*: _____
vi. Identity Number*: _____ (Enclose copy of 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	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 in his 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. Applying for*: 1st Instalment ; 2nd Instalment ; 3rd Instalment

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

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

8. Number of living child prior to the pregnancy/delivery for which claiming benefits under the scheme

*: _____

9. Category*: SC/ST/ OTHERS

10. Details of Bank / Post Office Account (enclose copy of page of Pass Book 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

11. Was the beneficiary enrolled in old MBP scheme? Yes No

12. If yes, please put \checkmark on the instalment already received by beneficiary under old MBP.

None

1st Instalment (* 3000/-)

2nd Instalment (* 3000/-)

13. 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. _____ (Name of Husband, as mentioned in the form) is my Husband and if this pregnancy leads to a successful delivery, the child will be the first living child for both of us.

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

Signature/Thumb Impression of beneficiary

Date

Place

14. Undertaking by Husband*

I, hereby, solemnly affirm as follows:

a. Select any one of below,

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 scheme. The Department shall not further share my identity information to any other entity or for any other purpose without my specific consent.

Or

ii. That in the event 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 enrolment ID 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.

b. That I have not used Aadhaar or other identification in violation of the provisions under this scheme.

c. _____ (Name of Wife, as mentioned in the form) is my wife and if this pregnancy leads to a successful delivery, the child will be the first living child for both of us.

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

Signature/Thumb Impression of beneficiaries' husband

Date

Place

15. Health ID of beneficiary: _____

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

16. Details of Anganwadi Centre/Approved Health Facility
 Anganwadi Centre Name/Approved Health Facility Name: _____
 Anganwadi Centre Code*: _____
 Village/TownName: _____
 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 Card of Husband	
4	Identity Card of husband (in case Aadhaar not available)	
5	Aadhaar Enrolment slip of beneficiary (in case Aadhaar not available)	
6	Aadhaar Enrolment slip of Husband (in case Aadhaar not available)	
7	MCP Card	
8	Page of Pass Book showing name, account number and bank name	

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

Signature _____

Date _____

Place _____

Verification by Supervisor / ANM*

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

Signature _____ Date _____ Sector Code _____

-----X-----X-----

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

Village/TownName: _____
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-A along with documents as per checklist on _____ (Date).

Signature _____ Date _____ Place _____

APPLICATION FORM FOR CLAIM OF SECOND INSTALLMENT UNDER PMMVY

Mandatory fields*

1. I, Smt. _____ (Registration name of beneficiary)* had registered under the PMMVY scheme with Anganwadi Centre /Approved Health Facility /Village _____
2. Aadhaar/Identity number of beneficiary*: _____ (enclose copy of proof)
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;
 - k) Any other Photo Identity Card issued by State Government or Union Territory Administrations;
 - l) Certificate of identity with photograph issued by a Gazetted Officer on official letterhead;
 - m) Health Card issued by Primary Health Centre (PHC) or Government Hospital;
 - n) Any other document specified by the State Government or Union Territory Administration
3. Date of registration under PMMVY at Anganwadi Centre /Village*: --/--/--
4. ANC Date*: --/--/--
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. Date of claiming the second instalment under PMMVY scheme* : ---/---/---
(Enclose a copy of MCP Card, and Aadhaar/Identity Card)*
7. Health ID of beneficiary: _____

Signature/Thumb Impression

Date

Place

8. Details to be filled by Anganwadi Worker / ASHA / ANM

Anganwadi Centre Name/Approved Health Facility Name: _____
Anganwadi Centre Code*: _____
Village/TownName: _____
Village Code*: _____
Anganwadi Worker / ASHA / ANM Name*: _____
Post Office Name: _____
Project: _____
District*: _____
State/UT*: _____

9. Checklist of documents enclosed:

S.No	Document to be enclosed	Document Enclosed Yes- Y
1	Aadhaar/Identity Card of beneficiary (Identity Card should be same as the one used for registration under the scheme)	
2	MCP Card with ANC Details	
3	Acknowledgement Slip	

Date of claiming second instalment under PMMVY scheme at Anganwadi Centre /Village (dd/mm/yy)*:

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

Signature

Date

Place

Verification by Supervisor / ANM*

I, Smt. _____ (Name of Supervisor / ANM)* have verified the information captured in this form and that the form is duly complete.

Signature

Date

Sector Code

----- ✂ ----- ✂ -----
Acknowledgement to be given to the 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-B** along with documents as per checklist on _____
(Date).

Signature _____
Date _____ Place _____

APPLICATION FORM FOR CLAIM OF THIRD INSTALLMENT UNDER PMMVY

*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
- j) Her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking;
- k) Any other Photo Identity Card issued by State Government or Union Territory Administrations;
- l) Certificate of identity with photograph issued by a Gazetted Officer on official letterhead;
- m) Health Card issued by Primary Health Centre (PHC) or Government Hospital;
- 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/TownName: _____

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

Form 2: Facilitation for documents required

PMM VY 01.01.2017

For Post Office use only

The Aadhaar 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 / /

----- ✂ ----- ✂ -----

CUSTOMER ACKNOWLEDGEMENT SLIP

Acknowledgment slip for Aadhaar seeding:

Customer Name _____

Account Number

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

Name of Post Office Authorized Official _____ Official ID _____

Signature of Post Office Authorized Official _____

Date / /

Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016

I confirm that I have been residing in India for at least 182 days in the preceding 12 months & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI.

Verifier's Stamp and Signature:

(Verifier must put his/her Name, if stamp is not available)

Applicant's signature/Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment: -----

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

Form 3

FOR UPDATING/CHANGING DETAILS OF REGISTERED PMMVY BENEFICIARY

(Details to be filled by beneficiary and submitted to Anganwadi Worker / ASHA / ANM)

(Mandatory fields)*

Name of beneficiary*: _____

Aadhaar number/Aadhaar EID/Identity Number of beneficiary*: _____

Anganwadi Centre /Village Name*: _____

Anganwadi Centre /Village Code*: _____

Anganwadi Worker / ASHA /ANM Name*: _____

Request for change (please tick) of*:

- Address Mobile number Bank account details Name as in Aadhaar card
 replacing Identity Proof with Aadhaar details

Address	
Old: House number/Flat number: Street/Building name: Village/ Town/ City*: Block: P.O. Name: District*: State/UT*: PIN code*:	New: House number/Flat number: Street/Building name: Village/ Town/ City*: Block: P.O. Name: District*: State/UT*: PIN code*:
Mobile Number	
Old: Bank/ P.O. account details	New*:

<p>Old*: Name as in Bank/P.O. account: Account Number: Bank Name/ P.O. Name: Branch Name (in case of bank account): IFSC Code (in case of a bank account): Is the bank account Aadhaar seeded? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>New*: Name as in Bank/P.O. account: Account Number: Bank Name/ P.O. Name: Branch Name (in case of bank account): IFSC Code (in case of a bank account): Is the bank account Aadhaar seeded? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Change in name as in Aadhaar	
<p>Old*: <u>Name in Aadhaar*:</u></p>	<p>New*: <u>Name in Aadhaar*:</u></p>
<p>Replacing Identity Proof with Aadhaar <input type="radio"/> For Beneficiary or <input type="radio"/> for Husband</p>	
<p style="text-align: center;"><u>Old details</u></p> <p>i. Aadhaar Enrolment ID*: _____</p> <p>ii. Name of Beneficiary (as in Identity Card)* _____</p> <p>iii. Identity Number* _____</p> <p>(enclose copy of Identity Card)</p> <p>iv. Identity Card provided (tick appropriate): Bank or Post Office photo passbook</p> <p>a) Voter ID Card b) Ration Card c) Kishan Photo Passbook d) Passport e) Driving License f) PAN Card g) MGNREGS Job Card h) Her husband's Employee Photo i) Identity Card issued by the Government or any Public Sector</p> <p>j) Undertaking; 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</p>	<p style="text-align: center;"><u>New details</u></p> <p>i. Name of Beneficiary (as in Aadhaar Card)* _____</p> <p>ii. Aadhaar Number* _____</p> <p>(enclose copy of Aadhaar Card)</p> <p>Declaration by Beneficiary / Husband (for whom this form is being filled) :</p> <p>I, hereby, solemnly affirm that I provide my consent for making use of my Aadhaar for availing the benefit under this scheme,</p> <p><i>Signature/Thumb Impression</i></p> <p><i>Date</i> <i>Place</i></p>

Details to be filled by Anganwadi Worker / ASHA /ANM

Anganwadi Centre Name/Approved Health Facility Name: _____
 Anganwadi Centre Code*: _____
 Village/TownName: _____
 Village Code*: _____
 Anganwadi Worker / ASHA /ANM Name*: _____
 Post Office Name: _____
 Project: _____
 District*: _____
 State/UT*: _____

Checklist of Documents enclosed:

S.No	Document to be enclosed (Photocopy to be enclosed)	Document Enclosed Yes- Y Not Applicable- NA
	Latest Aadhaar Card of beneficiary	
1	Old Aadhaar Card of beneficiary	
2	Page of new Pass Book showing name, account number and bank name	
3	Copy of Alternate ID Card	
4	(Identity Card should be same as the one used for registration under the scheme)	

Verification by Supervisor / ANM*

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

Signature

Date

Sector Code

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

Smt.* _____ (Name) has submitted duly filled **Form 3** along with documents as per checklist on _____ (Date).

The following sections were filled for updating the scheme database:

- Address
- Mobile Number
- Bank/ P.O. account details
- Change in name as in Aadhaar
- Replacing Other Identity Proof with Aadhaar details
-
-

Signature

Name of AWW/ ASHA /ANM

Date

Place