

FORM-1A - APPLICATION FOR REGISTRATION UNDER PMMVY AND CLAIM FOR FIRST INSTALMENT
PERSONAL DETAILS

Does the Beneficiary have Aadhaar card?*	Does Husband have Aadhaar card?*
If yes, Name of the Beneficiary(as in Aadhaar card) *	If Yes, Name of Husband (As in Aadhaar card)*
Aadhaar Number*	Aadhaar Number of Husband*
(Enclose copy of Aadhaar card)	(Enclose copy of Aadhaar card)
If No, Aadhaar Enrolment ID*	If No, Aadhaar Enrolment ID*
Name of the Beneficiary (as in Identity card*)	Name of the Beneficiary (as in Identity card*)
Identity Number*	Identity Number*
(Enclose copy of Identity Card*)	(Enclose copy of Identity Card*)
Address(Present Residence Address)*	Mobile Number
	Last Menstrual Period(LMP) Date(dd/mm/yyyy)*:
	(Enclose copy of MCP card)
	Date of Registration of MCP card at AWC/village*:

Number of living children prior to the pregnancy/delivery for which claiming benefits under the scheme*:

Category*: SC/ST/Others

Details of Bank (enclose copy of Passbook showing name, account number and bank name)*

Name as in Bank:

Account Number:

Bank and Branch Name*:

IFSC Code*:

Is the Bank Account Aadhaar seeded?

Name of the Anganwadi Centre*:

Anganwadi Centre Code(eleven digit centre code)*:

Village Name and code*

Name of the Anganwadi worker*:

Name of the project*:

Name of the district*:

Date of Registration at Anganwadi Centre*:

Date of submission to supervisor*:

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

**Counter signed
(Supervisor)**

**Signed
(Anganwadi worker)**

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 the 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 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

.....

Undertaking by Husband*

I, hereby, solemnly affirm as follows:

a) Select any one of the 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 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 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.

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 Beneficiary's Husband

List of documents provided as identity proof (any one)

1. Bank photo passbook
2. Voter ID
3. Ration card
4. Passport
5. Driving license
6. PAN card
7. MGNREGS Job card
8. Photo identity card issued by government/PSUs
9. Certificate of Identity with photograph issued by Gazetted officer on official letterhead
10. Health card

S.No	Documents To be enclosed	Yes=Y No=N
1	Aadhaar card of beneficiary	
2	ID card of Beneficiary (if Aadhaar not available)	
3	Aadhaar Enrolment slip of Beneficiary(if Aadhaar not available)	
4	Aadhaar card of Husband	
5	ID card of Husband (if Aadhaar not available)	
6	Aadhaar Enrolment slip of Husband (if Aadhaar not available)	
7	MCP card	
8	Passbook(showing name and account number)	

Acknowledgment to be given to Beneficiary

Smt. _____ of _____ village of _____ AWC has submitted duly filled Form 1-A along with the documents as per checklist on _____ (date)

Signed

(Anganwadi worker)

Form 1-B

APPLICATION FORM FOR CLAIM OF SECOND INSTALLMENT UNDER PMMVY (DURING DELIVERY)

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*: _____

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)*

S.No	Documents To be enclosed	Yes=Y No=N
1	Aadhaar card of beneficiary	
2	ID card of Beneficiary (if Aadhaar not available)	
3	MCP card with ANC details	
4	Acknowledgement Slip of Form 1 A	

7. Health ID of beneficiary: _____

Signature/Thumb Impression of beneficiary

Details to be filled by Anganwadi Worker

Name of the Anganwadi Centre and code*:

Village Name and code*

Name of the Anganwadi worker*:

Name of the project*:

Name of the district with State*:

Date of claiming second instalment at Anganwadi Centre*:

Date of submission to supervisor*:

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

**Counter signed
(Supervisor)**

**Signed
(Anganwadi worker)**

Acknowledgment to be given to Beneficiary

Smt. _____ of _____ village of _____ AWC (Code) has submitted duly filled Form 1-B along with the documents to Anganwadi Worker _____ as per checklist on _____ (date)

Signed
(Anganwadi worker)

Form 1-C

APPLICATION FORM FOR CLAIM OF THIRD INSTALLMENT UNDER PMMVY (DURING IMMUNISATION)

1. Name of beneficiary*: _____

2. Aadhaar number: _____

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)

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: _____

S.No	Documents To be enclosed	Yes=Y No=N
1	Aadhaar card of beneficiary	
2	MCP card with Immunisation details	
3	Acknowledgement Slip of Form 1 A	
4	Child Birth Certificate	

Details to be filled by Anganwadi Worker

Name of the Anganwadi Centre and code*:

Village Name and code*

Name of the Anganwadi worker*:

Name of the project*:

Name of the district with State*:

Date of claiming third instalment at Anganwadi Centre*:

Date of submission to supervisor*:

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

**Counter signed
(Supervisor)**

**Signed
(Anganwadi worker)**

Acknowledgment to be given to Beneficiary

Smt. _____ of _____ village of _____ AWC (Code) has submitted duly filled Form 1-C along with the documents to Anganwadi Worker _____ as per checklist on _____ (date)

Signed

(Anganwadi worker)