

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

2. Husband Details

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

If Yes,

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

iii. Aadhaar Number of Husband*:

(Enclose copy of Husband's 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 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 V 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/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 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** _____

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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-A** along with documents as per checklist on _____ (Date).

Signature _____ **Date** _____ **Place** _____
