

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

Form 1-B

**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;
 - 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. **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/Town Name: _____

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
_____	_____	_____
