

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

<p><b>Old*:</b></p> <p>Name as in Bank/P.O. account:</p> <p>Account Number:</p> <p>Bank Name/ P.O. Name:</p> <p>Branch Name (in case of bank account):</p> <p>IFSC Code (in case of a bank account):</p> <p>Is the bank account Aadhaar seeded?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>New*:</b></p> <p>Name as in Bank/P.O. account:</p> <p>Account Number:</p> <p>Bank Name/ P.O. Name:</p> <p>Branch Name (in case of bank account):</p> <p>IFSC Code (in case of a bank account):</p> <p>Is the bank account Aadhaar seeded?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<b>Change in name as in Aadhaar</b>	
<p><b>Old*:</b></p> <p><b><u>Name in Aadhaar*:</u></b></p>	<p><b>New*:</b></p> <p><b><u>Name in Aadhaar*:</u></b></p>
<p><b>Replacing Identity Proof with Aadhaar</b></p> <p><input type="radio"/> For Beneficiary    or    <input type="radio"/> for Husband</p>	
<p style="text-align: center;"><b><u>Old details</u></b></p> <p>i. Aadhaar Enrolment ID*:</p> <p>_____</p> <p>ii. Name of Beneficiary (as in Identity Card)*</p> <p>_____</p> <p>iii. Identity _____ Number*</p> <p>(enclose copy of Identity Card)</p> <p>iv. Identity Card provided (tick appropriate):</p> <p style="margin-left: 20px;">a) Bank or Post Office photo passbook</p> <p style="margin-left: 20px;">b) Voter ID Card</p> <p style="margin-left: 20px;">c) Ration Card</p> <p style="margin-left: 20px;">d) Kishan Photo Passbook</p> <p style="margin-left: 20px;">e) Passport</p> <p style="margin-left: 20px;">f) Driving License</p> <p style="margin-left: 20px;">g) PAN Card</p> <p style="margin-left: 20px;">h) MGNREGS Job Card</p> <p style="margin-left: 20px;">i) Her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking;</p> <p style="margin-left: 20px;">j) Any other Photo Identity Card issued by State Government or Union Territory Administrations;</p>	<p style="text-align: center;"><b><u>New details</u></b></p> <p>i. Name of Beneficiary (as in Aadhaar Card)*</p> <p>_____</p> <p>ii. Aadhaar _____ Number*</p> <p>(enclose copy of Aadhaar Card)</p> <p><b>Declaration by Beneficiary / Husband</b></p> <p><b>(for whom this form is being filled) :</b></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 style="margin-left: 20px;"><i>Signature/Thumb Impression</i></p> <p style="margin-left: 20px;">Date _____ Place _____</p>

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	
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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\*: \_\_\_\_\_

**Checklist of Documents enclosed:**

S.No	Document to be enclosed (Photocopy to be enclosed)	Document Enclosed Yes- Y Not Applicable- NA
1	Latest Aadhaar Card of beneficiary	
2	Old Aadhaar Card of beneficiary	
3	Page of new Pass Book showing name, account number and bank name	
4	Copy of Alternate ID Card  (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**

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