

(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. _____ (Registrator name of beneficiary)* has 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)
 - b) Bank or Post Office photo passbook
 - c) Voter ID Card
 - d) Ration Card
 - e) Kishan Photo Passbook
 - f) Passport
 - g) Driving License
 - h) PAN Card
 - i) 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
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)	
	MCP Card with ANC Details	
2	Acknowledgement Slip	
3		

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

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

Signature

Date

Place
