

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

[Form 1-C](#)

APPLICATION FORM FOR CLAIM OF THIRD INSTALLMENT UNDER PMMVY

*Mandatory fields**

1. Name of beneficiary*: _____

2. Aadhaar/Identity number of beneficiary*: _____

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;
- n) Any other document specified by the State Government or Union Territory Administration

Note: Alternate ID for claiming this installment will be accepted only in Jammu and Kashmir, Assam and Meghalaya.

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)

In case of multiple births, fill the following:

b. Male Female (Please tick) (in case of twins)

c. Male Female (Please tick) (in case of triplets)

d. Male Female (Please tick) (in case of quadruplets)

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: _____

12. Details to be filled 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*: _____

Date of Claiming 3rd Instalment by beneficiary*:------/-----/-----

Date of submission to Supervisor / ANM*: -----/-----/-----

13. Checklist of Documents enclosed:

S.No	Document to be enclosed (photocopy to be enclosed)	Document Enclosed Yes- Y
1	Aadhaar Card of beneficiary	
2	MCP Card with immunisation Details	
3	Child Birth Certificate	
4	Acknowledgement Slip	

Signature/Thumb Impression

Date

Place

Verification by Supervisor / ANM*

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

Signature

Name

Date

Sector Code

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Acknowledgement to be given to 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-C** along with documents as per checklist on _____ (Date).

Signature

Date

Place

