PMMVY FORMS

Form 1: Registration and Submission of Claims

Form1-A

APPLICATION FOR REGISTRATION UNDER PMMVY AND CLAIM FOR FIRST INSTALMENT

*Mandatory fields

PERSONAL DETAILS

1. *Beneficiary Details*	2. *Husband Details*
i. Does Beneficiary have an Aadhaar card?* ◯ Yes ; ◯ No	i. Does Husband have an Aadhaar card?* ◯ Yes ; ◯ No
If Yes, ii. Name of Beneficiary (as in Aadhaar Card)*: —————————————————————	**If Yes,** ii. Name of Husband (as in Aadhaar Card)*: —————————————————
iii. Aadhaar Number*: ————————————————————— (Enclose copy of Aadhaar Card)	iii. Aadhaar Number of Husband*: —————————————————— (Enclose copy of Husband's Aadhaar Card)
If No, iv. Aadhaar Enrolment ID (EID): —————————————————————	**If No,** iv. Aadhaar Enrolment ID (EID): —————————————————————
v. Name of Beneficiary (as in Identity Card)*: —————————————————————	v. Name of Beneficiary (as in Identity Card)*: ———————————————————
vi. Identity Number*: ————————————————————— (Enclose copy of 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 Cardissued by Primary Health Centre (PHC) or Government Hospital; m) Any other document specified by the State Government or Union Territory Administration	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 Cardissued 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 ◯ ; 2ndInstalment ◯ ; 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 √ 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 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 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**

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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/TownName: _____

      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/TownName: _____

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**

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)
    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 Cardissued 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)	
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

_____

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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**

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 Cardissued by Primary Health Centre (PHC) or Government Hospital;
       Any other document specified by the State Government or Union Territory Administration

   Note: Alternate ID for claiming this installment will beaccepted 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: _____

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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**

Form 2: Facilitation for documents required

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

Form 2-A

APPLICATION FORM FOR AADHAAR SEEDING OF BANK ACCOUNT OF BENEFICIARY
(Form-Filling and Submission to Bank to be facilitated by AWW/ ASHA /ANM)

Mandatory fields*

BANK

The Branch Manager

Bank …………………

Branch……………………….   Date (dd/mm/yy):

Dear Sir/Madam,

Seeding of Aadhaar / UID Number with the account

Bank Account Number:

I am maintaining a Bank Account in name with above mentioned bank account number with your Branch

(Branch name………………………………….). I submit my Aadhaar number and voluntarily give my consent to;

- Seed my Aadhaar/UID number issued by the UIDAI, Government of India in my name with my aforesaid account.
- Map it at NPCI to enable me to receive Direct Benefit Transfer (DBT) from Government of India in my above account. I understand that if more than one Benefit transfer is due to me , I will receive all Benefit Transfers in this account
- Use my Aadhaar details to authenticate me from UIDAI
- Use my mobile number and/or Email (if available) mentioned below for sending SMS alerts to me.

The particulars of the Aadhaar/ UID letter are as under:

Aadhaar number: …………………………………………………….

Name: …………………………………… (As in Aadhaar card) (Enclose self-attested copy of Aadhaar)

I have been given to understand that my *information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.*
Yours faithfully,

Mobile No. ………………………… Email: ………………. **(Signature/ Thumb impression of the account holder)**

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Confirmation of insertion / seeding of Aadhaar number with Bank Account:

(To be provided to Beneficiary by Bank through AWW/ ASHA /ANM)

The following Account number:

Of Smt. ………………………….. with ………………………….. (Bank Name) Branch ……………………… has been seeded   with

Aadhaar number ………………………………….. and mobile number/Email-ID…………………………………….

Date …………….   **(Bank's authorized official)**

Form 2-B

APPLICATION FORM FOR AADHAAR SEEDING OF POST OFFICE ACCOUNT OF BENEFICIARY
(Form-Filling and Submission to Bank to be facilitated by AWW / ASHA /ANM)

Mandatory fields*

FULLNAME (Please leave one space between First, Middle and Last name)

Customer Name

Account Number

CIF ID

AADHAAR DETAILS FOR SEEDING: *

Aadhaar Number

Name on Aadhaar Card _____

i) ☐ I request you to seed my Aadhaar number with my aforesaid account.

ii) ☐ I enclose the copy of the Aadhaar Card duly attested by me.

iii) ☐ The particulars of the Aadhaar Number are as under:

Declaration

I submit my Aadhaar number and voluntarily give my consent to:

- Seed my Aadhaar I UID number issued by the UIDAI, Government of India, in my name in the aforesaid account
- Map it at NPCI to enable me to receive Direct Benefit Transfer (DBT) from Government of India in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all Benefit Transfers in this account
- Use my Aadhaar details to authenticate me from UIDAI
- Use my mobile number which is registered with the Bank for sending SMS alerts to me

I the undersigned, have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on IPPB's website as revised from time to time, in relation to all of my I our accounts, for present and future, maintained I opened I to be maintained I to be opened with India Post Payments Bank.

(Signature/Thumb Impression of Beneficiary)

Date ☐☐/☐☐/☐☐

Enclosure: Self attested copy of my Aadhaar card   *Please tick whichever is applicable.

For Post Office use only

The Aadhaar number ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Of Mr. / Mrs. / Ms. _____ has been seeded from the Account

number ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

with IPPB _____ Branch.

Name of Post Office Authorized Official _____ Official ID _____

Signature of Post Office Authorized Official _____

Date ⬚⬚/⬚⬚/⬚⬚

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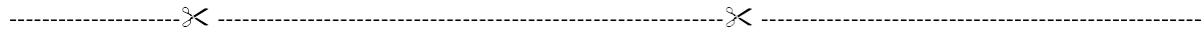
CUSTOMER ACKNOWLEDGEMENT SLIP

Acknowledgment slip for Aadhaar seeding:

Customer Name _____

Account Number ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Name of Post Office Authorized Official _____ Official ID _____

Signature of Post Office Authorized Official _____

Date ⬚⬚/⬚⬚/⬚⬚

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

Form 2-C

APPLICATION FORM FOR AADHAAR ENROLLMENT AND CORRECTION FORM
(Form-Filling and Submission to be facilitated by AWW / ASHA /ANM)

Under Section 3 of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 (Aadhaar Act)

Aadhaar Enrolment is free and voluntary. Correction within 96 hours of enrolment is also free. No charges are applicable for Form and Aadhaar Enrolment. In case of Correction provide your EID, Name and only that field which needs Correction.

In case of Correction provide your EID No here: | | | | | | | | | | | | | | | | | dd |mm| yyyy|hh: mm: ss|

1	Pre-Enrolment ID :	2	NPR Receipt/TIN Number :		
3	Full Name:				
4	Gender: Male ( ) Female ( ) Transgender ( )	**5**	Age: Yrs.**OR** Date of Birth:| DD | MM | YYYY | Declared ☐ Verified ☐		

6	Address: C/o ( ) D/o ( ) S/o ( ) W/o ( ) H/o ( ) NAME	
	House No/ Bldg./Apt.	Street/Road/Lane
	Landmark	Area/locality/sector
	Village/Town/City	Post Office
	District	Sub-District	State
	E Mail	Mobile No | | | | | | | | | | |	PIN CODE | | | | | | |

7	Details of : Father ( ) Mother ( ) Guardian ( ) Husband ( ) Wife ( ) *For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt to not specify this information, if they cannot/do not want to disclose.*
	Name
	EID/ Aadhaar No.: | | | | | | | | | | | | | | | dd |mm| yyyy|hh: mm: ss|

Verification Type : Document Based ( ) Introducer Based ( ) Head of Family ( )
Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based Verification.

8	**For Document Based** (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)	
a.POI		b. POA
c. DOB (Mandatory in case of Verified Date of Birth)		d. POR

9	**For Introducer Based –** Introducer's Aadhaar No. | | | | | | | | | | | |	**For HoF Based -** Details of : Father ( ) Mother ( ) Guardian ( ) Husband ( ) Wife ( ) HoF's EId/Aadhaar No.: | | | | | | | | | | | | | | dd |mm| yyyy|hh: mm: ss|

I hereby confirm the identity and address of _____ _as being true, correct and accurate.

Introducer/HoF's Name: **Signature of Introducer/HOF**

Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016

I confirm that I have been residing in India for at least 182 days in the preceding 12 months & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI.

Verifier's Stamp and Signature:
(Verifier must put his/her Name, if stamp is not available)

Applicant's signature/Thumbprint

To be filled by the Enrolment Agency only: Date & time of Enrolment: --

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

Old*:	New*:
Name as in Bank/P.O. account:	Name as in Bank/P.O. account:
Account Number:	Account Number:
Bank Name/ P.O. Name:	Bank Name/ P.O. Name:
Branch Name (in case of bank account):	Branch Name (in case of bank account):
IFSC Code (in case of a bank account):	IFSC Code (in case of a bank account):
Is the bank account Aadhaar seeded?	Is the bank account Aadhaar seeded?
☐Yes ☐No	☐Yes ☐No

Change in name as in Aadhaar

Old*:	New*:
Name in Aadhaar*:	**Name in Aadhaar*:**

Replacing Identity Proof with Aadhaar

◯ For Beneficiary **or** ◯ for Husband

Old details	New details

i. Aadhaar Enrolment ID*:
 	
_____
 	
ii. Name of Beneficiary (as in Identity Card)[3]
 	
_____
 	
iii. Identity Number[3]
 	
_____
(enclose copy of Identity Card)
iv. Identity Card provided (tick appropriate):
        Bank or Post Office photo passbook
    a)   Voter ID Card
    b)   Ration Card
    c)   Kishan Photo Passbook
    d)   Passport
    e)   Driving License
    f)   PAN Card
    g)   MGNREGS Job Card
    h)   Her husband's Employee Photo
    i)   Identity Card issued by the Government or any Public Sector
    j)   Undertaking;
        Any other Photo Identity Card issued by State Government or Union
    k)   Territory Administrations;
        Certificate of identity with photograph issued by a Gazetted Officer on official
    l)   letterhead;
        Health Cardissued by Primary Health
    m) Centre (PHC) or Government Hospital;
        Any other document specified by the State Government or Union Territory Administration
	i. Name of Beneficiary (as in Aadhaar Card)[3]
	
	_____
	
	ii. Aadhaar Number[3]
	
	_____
	
	(enclose copy of Aadhaar Card)
	
	Declaration by Beneficiary / Husband
	
	(for whom this form is being filled) :
	
	I, hereby, solemnly affirm that I provide my consent for making use of my Aadhaar for availing the benefit under this scheme,
	
	Signature/Thumb Impression
	
	Date *Place*

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*:   **_____**

Checklist of Documents enclosed:

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