



# Pradhan Mantri Matru Vandana Yojana (PMMVY)



## SCHEME IMPLEMENTATION GUIDELINES

Ministry of Women and Child Development  
Government of India, New Delhi  
September, 2017



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# CONTENT

	Page
List of Abbreviations .....	X
CHAPTER - 1 .....	1
1. INTRODUCTION .....	1
CHAPTER – 2.....	2
2. THE PROGRAMME .....	2
2.1 Objectives of PMMVY .....	2
2.2 Target beneficiaries.....	2
2.3 Benefits under PMMVY .....	2
2.4 Conditionalities and Instalments.....	3
2.5 Closure of old Maternity Benefit Programme .....	3
CHAPTER – 3.....	4
3. PROCESSING OF CLAIMS .....	4
3.1 Registration and submission of claims to AWW/ASHA/ANM .....	4
3.1.1 Registration under the Scheme: .....	4
3.1.2 Processing of the claim for First Instalment .....	5
3.1.3 Processing of the claim for Second Instalment .....	6
3.1.4 Processing of the claim for Third Instalment.....	6
3.2 Processing by Supervisor/ANM .....	7
3.3 Processing by CDPO/MO .....	7
3.4 Processing for initiation of payment by State Nodal Officer (SNO) .....	7
3.5 Amount and conditions for payment of incentives .....	7
3.6 Bunching of Instalments.....	7
3.7 Payment to beneficiaries .....	9
3.8 Verification of the Conditionalities.....	9
3.8.1 Verification by AWW/ASHA/ ANM.....	9
3.8.2 Verification by Supervisor/ ANM .....	9
3.8.3 Verification by Sanctioning Officer (CDPO/MO).....	9
3.8.4 Special Conditions .....	9
3.9 Roles and Responsibilities at various levels.....	10

	Page
<b>CHAPTER – 4</b> .....	11
<b>4. IMPLEMENTATION MODALITIES</b> .....	11
<b>4.1</b> Implementing Department.....	11
<b>4.2</b> PMMVY Section/Cell in MWCD .....	11
<b>4.3</b> Establishment of PMMVY Cell in States / UTs.....	11
<b>4.4</b> Use of Flexi Funds.....	12
<b>4.5</b> Payment of DBT Transaction Charges .....	12
<b>CHAPTER - 5</b> .....	13
<b>5 FUND FLOW AND DISBURSAL MECHANISM</b> .....	13
5.1 Fund Flow .....	13
5.2 Escrow Account .....	13
5.3 Sanctioning Authority.....	14
5.4 Disbursement Mechanism.....	14
5.5 Financial Provisions .....	14
<b>CHAPTER - 6</b> .....	15
<b>6 RECORDS, REPORTS, MONITORING AND EVALUATION</b> .....	15
6.1 Records.....	15
6.1.1 General Instructions .....	15
6.1.2 Guidelines for Record Retention .....	15
6.1.3 PMMVY Register (Monthly Progress Reports).....	15
6.1.4 Reports Generated from PMMVY-CAS.....	15
6.1.5 Utilisation Certificate and Statement of Expenditure .....	15
6.2 Monitoring and Review of the Programme .....	16
6.3 Social Audits/Addressing Grievances.....	16
6.4 Evaluation:.....	17
<b>CHAPTER – 7</b> .....	18
<b>7 CAPACITY BUILDING AND CONVERGENCE</b> .....	18
7.1 Capacity Building & Information Education and Communication (IEC) activities:.....	18
7.2 Inter-departmental convergence: .....	18



## ANNEXURES

	Page
<b>Annexure – A : List of PMMVY implementing departments for each State/UT .....</b>	<b>23</b>
<b>Annexure-B : Instructions for the Anganwadi Worker/Health Worker for filling up PMMVY Forms .....</b>	<b>25</b>
1.1. Introduction:.....	25
1.2. General Instructions: .....	25
1.3. Form 1-A: Application for Registration under PMMVY and First Instalment.....	26
1.4. Form 1-B: Submission of fulfilment of Condition by Beneficiary (Second Instalment).....	29
1.5. Form 1-C: Submission of fulfilment of Condition by Beneficiary (Third Instalment).....	30
1.6. Bunching of Benefits:.....	32
1.7. Form 2-A: Application for Aadhaar Seeding Of Bank Account of Beneficiary.....	33
1.8. PART 2–B: Application for Aadhaar Seeding Of Post Office Account of Beneficiary.....	33
1.9. PART 2-C: Application for Aadhaar Enrollment and Correction Form.....	34
1.10. Form 3: Form for updating beneficiary details: .....	36
1.11. Form 4: Monthly Record of Beneficiaries .....	37
1.12. Form 4-A: Register Format for Recording Beneficiary Details for The Reporting Month.....	37
1.13. Form 4-B: Monthly Status of PMMVY Beneficiaries Registered at AWC/Village/Approved Health Facility .....	37
<b>Annexure C : ROLES &amp; RESPONSIBILITIES AT VARIOUS LEVELS.....</b>	<b>40</b>
<b>1 Roles and Responsibilities of Anganwadi Worker (AWW).....</b>	<b>40</b>
1.1 Information Dissemination.....	40
1.2 Identification of Potential Beneficiaries.....	40
1.3 Assist Beneficiaries for Registration under the Scheme .....	40
1.4 Acceptance and Verification of Form(s).....	40
1.5 Acknowledgement and PMMVY Register Entry.....	40
1.6 Submission of Form(s) to Supervisor.....	40
1.7 Corrections to Form(s) already submitted.....	41
1.8 Maintaining the PMMVY Register .....	41
1.9 Dissemination of Beneficiary Payments, Grievance Handling .....	41
1.10 Promoting Scheme objective.....	42
1.11 Proper maintenance of record.....	42
<b>2 Roles and Responsibilities of Anganwadi Helper (AWH).....</b>	<b>42</b>
<b>3 Roles and Responsibilities of ASHA/ANM.....</b>	<b>42</b>
3.1 Information Dissemination.....	42
3.2 Identification of Potential Beneficiaries.....	42

	<b>Page</b>
3.3 Assist Beneficiaries for Registration under the Scheme .....	42
3.4 Acceptance and Verification of Form(s).....	43
3.5 Acknowledgement and PMMVY Register Entry.....	43
3.6 Submission of Form(s) for Processing .....	43
3.7 Corrections to Form(s) already submitted .....	43
3.8 Maintaining the PMMVY Register .....	44
3.9 Dissemination of Beneficiary Payments & Grievance Handling.....	44
3.10 Promoting scheme objective .....	44
3.11 Proper maintenance of record.....	45
4 Roles and Responsibilities of Supervisor/ANM.....	45
4.1 Training and Scheme Facilitation of AWW/AWH/ASHA/ANM .....	45
4.2 Collection, Verification and Acknowledgement of Form(s) .....	45
4.3 Submission of the Form(s) at Project Office/ Health Block Office.....	45
4.4 Monitoring Activities .....	46
4.5 Handling Exceptional Cases .....	46
4.6 Grievance Handling and Escalation .....	46
4.7 Proper maintenance of record.....	46
5 Roles and Responsibilities officer at Block/Project level implementing PMMVY .....	46
5.1 General Responsibilities.....	47
5.2 Collection of Form(s) from Supervisor/ANM.....	47
5.3 Data Entry in PMMVY System.....	47
5.4 Updating Beneficiary Details in System.....	48
5.5 Approvals of Beneficiary Registration and Instalment Claims .....	48
5.6 Reports Generation .....	48
5.7 Storage of Physical Form(s).....	48
5.8 Periodic Review of PMMVY Implementation .....	49
5.9 Grievance Handling and Escalation .....	49
6 Roles and Responsibilities of District Nodal Officer (DNO).....	49
6.1 General Responsibilities.....	49
6.2 Setup in the PMMVY System .....	50
6.3 Grievance Handling .....	50



	<b>Page</b>
7 Roles and Responsibilities of State/UT Nodal Officer (SNO).....	50
7.1 General Responsibilities.....	50
7.2 Initial Activities for Launch of PMMVY .....	51
7.3 Payments and Fund Management.....	51
7.4 Grievance Handling and Escalation .....	51
8 Roles and Responsibilities of Central Nodal Officer (CNO) .....	52
8.1 General Responsibilities.....	52
8.2 Initial Setup of PMMVY Requirements.....	52
8.3 PMMVY IT Solution related responsibilities.....	52
8.4 Payments and Fund Management.....	53
8.5 Grievance Handling and Escalation .....	53
<b>Annexure –D: Notification under Section-7 of the Aadhaar Act, 2016.....</b>	<b>54</b>
<b>Annexure – E : Means for Verification of the Conditionalities.....</b>	<b>59</b>
<b>Annexure – F : PMMVY Cells.....</b>	<b>60</b>
1. National PMMVY Cell: Composition & Functions .....	60
2. State PMMVY Cell: Composition & Functions .....	60
3. District PMMVY Cell : Composition & Functions .....	61
<b>Annexure-G: Financial provisions under the PMMVY .....</b>	<b>62</b>
Budgetary norms for PMMVY Cells .....	63
1. National PMMVY Section/Cell .....	63
2. State PMMVY Cell.....	64
3. District PMMVY Cell .....	64
<b>Annexure H : Guidelines for Flexi-Funds within Centrally Sponsored Schemes.....</b>	<b>66</b>
<b>Annexure I: Banking Arrangements of the State/District Level implementing Agencies handling Central Sector/Centrally Sponsored Schemes .....</b>	<b>68</b>
<b>Annexure J: REPORTS FROM PMMVY-CAS .....</b>	<b>70</b>
<b>Annexure K : PMMVY Steering and Monitoring Committees .....</b>	<b>71</b>
1. National-Level Steering and Monitoring Committee (PMMVY).....	71
2. PMMVY State/UT-Level Steering and Monitoring Committee.....	72
3. PMMVY District-Level Steering and Monitoring Committee .....	72
4. PMMVY Block-Level Steering and Monitoring Committee .....	73
5. PMMVY Village-Level Monitoring and Supervision Committee .....	73
<b>Annexure L:First Cycle of Immunization.....</b>	<b>74</b>
<b>Annexure M: List of Districts Covered under Old MBP (IGMSY).....</b>	<b>75</b>

## PMMVY FORMS

	Page
Form 1: REGISTRATION AND SUBMISSION OF CLAIMS .....	78
Form 1-A : APPLICATION FOR REGISTRATION UNDER PMMVY AND CLAIM FOR FIRST INSTALLMENT .....	79
Form 1-B : APPLICATION FORM FOR CLAIM OF SECOND INSTALLMENT UNDER PMMVY .....	85
Form 1-C : APPLICATION FORM FOR CLAIM OF THIRD INSTALLMENT UNDER PMMVY.....	88
Form 2: FACILITATION FOR DOCUMENTS REQUIRED .....	91
Form 2-A : APPLICATION FORM FOR AADHAAR SEEDING OF BANK ACCOUNT OF BENEFICIARY .....	92
Form 2-B : APPLICATION FORM FOR AADHAAR SEEDING OF POST OFFICE ACCOUNT OF BENEFICIARY .....	93
Form 2-C : APPLICATION FORM FOR AADHAAR ENROLLMENT AND CORRECTION FORM .....	95
Form 3 :FOR UPDATING/CHANGING DETAILS OF REGISTERED PMMVY BENEFICIARY .....	97
Form 4 : MONTHLY RECORD OF BENEFICIARIES UNDER PMMVY .....	100
Form 4-A :REGISTER FORMAT FOR RECORDING BENEFICIARY DETAILS FOR THE REPORTING MONTH.....	101
Form 4-B : MONTHLY STATUS OF PMMVY BENEFICIARIES REGISTERED .....	102
Form 5 : FORMATS FOR MONTHLY, QUARTERLY AND ANNUAL STATEMENT OF EXPENDITURE (SOE) .....	104
FORM 5-A : FUND AVAILABILITY IN ESCROW ACCOUNT .....	104
FORM 5-B : QUARTERLY STATEMENT OF EXPENDITURE PMMVY .....	105
FORM 5-C : ANNUAL STATEMENT OF EXPENDITURE PMMVY .....	110

## LIST OF ABBREVIATIONS

Sl. No.	Abbreviations	Description
1	ANC	Ante-Natal Check-up
2	ANM	Auxiliary Nurse & Midwife
3	ASHA	Accredited Social Health Activist
4	AWC	Anganwadi Centre
5	AWH	Anganwadi Helper
6	AWW	Anganwadi Worker
7	BCG	Bacille Calmette Guerin
8	CAS	Common Application Software
9	CDPO	Child Development Project Officer
10	CGMS	Continuous Glucose Monitoring System
11	CHC	Community Health Centre
12	CMO	Chief Medical Officer
13	CNO	Central Nodal Officer
14	DAVP	Directorate of Advertising and Visual Publicity
15	DBT	Direct Benefit Transfer
16	DDO	Drawing and Disbursing Officer
17	DEO	Data Entry Operator
18	DG	Director General
19	DNO	District Nodal Officer
20	DPO	District Programme Officer
21	DPT	Diphtheria, Pertussis and Tetanus
22	DSC	Digital Signature Certificate
23	EID	Aadhaar Enrolment ID
24	GOI	Government of India
25	H&FW	Health and Family Welfare
26	ICDS	Integrated Child Development Services
27	IEC	Information Education and Communication
28	IFSC	Indian Financial System Code
29	IGMSY	Indira Gandhi Matritva Sahyog Yojana -Also known as 'old MBP'
30	IPPB	India Post Payments Bank
31	JAM	Jan Dhan Account, Aadhaar and Mobile Number
32	JSY	Janani Suraksha Yojana
33	LGD	Local Government Directory
34	LMP	Last Menstrual Period
35	MBP	Maternity Benefit Programme
36	MCH	Mother and Child Health
37	MCP	Mother and Child Protection
38	MCTS	Mother & Child Tracking System

Sl. No.	Abbreviations	Description
39	MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
40	MH&FW	Ministry of Health and Family Welfare
41	MO	Medical Officer
42	MPR	Monthly Progress Report
43	MWCD	Ministry of Women & Child Development
44	NER	North Eastern Region
45	NGO	Non-Governmental Organisation
46	NHM	National Health Mission
47	NIPCCD	National Institute of Public Cooperation and Child Development
48	OBGY	Obstetrician/ Gynaecologist
49	OPV	Oral Polio Vaccine
50	PAN	Permanent Account Number
51	PDS	Public Distribution System
52	PFMS	Public Financial Management System
53	PHC	Primary Health Centre
54	PMMVY	Pradhan Mantri Matru Vandana Yojana
55	PMMVY-CAS	PMMVY- Common Application Software
56	PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
57	PO	Post Office
58	PRI	Panchayati Raj Institutions
59	PSU	Public Sector Undertaking
60	PW&LM	Pregnant Women & Lactating Mother
61	RCH	Reproductive & Child Health
62	SC	Schedule Caste
63	SDA	Software Development Agency
64	SHG	Self Help Group
65	SMC	Steering and Monitoring Committee
66	SNO	State Nodal Officer
67	SoE	Statement of Expenditure
68	ST	Schedule Tribe
69	SW	Social Welfare
70	UIDAI	Unique Identification Authority of India
71	ULB	Urban Local Bodies
72	UT	Union Territory
73	VHSNC	Village Health, Sanitation and Nutrition Committee
74	VHSND	Village Health Sanitation and Nutrition Day
75	WCD	Women and Child Development

# GUIDELINES



## 1. INTRODUCTION

- 1.1 Under-nutrition continues to adversely affect majority of women in India. In India, every third woman is undernourished and every second woman is anaemic. An undernourished mother almost inevitably gives birth to a low birth weight baby. When poor nutrition starts in-utero, it extends throughout the life cycle since the changes are largely irreversible. Owing to economic and social distress many women continue to work to earn a living for their family right up to the last days of their pregnancy. Furthermore, they resume working soon after childbirth, even though their bodies might not permit it, thus preventing their bodies from fully recovering on one hand, and also impeding their ability to exclusively breastfeed their young infant in the first six months.
- 1.2 From 01.01.2017, the Maternity Benefit Programme would be implemented in all the districts of the country in accordance with the provision of the National Food Security Act, 2013. The programme is named as 'Pradhan Mantri Matru Vandana Yojana' (PMMVY).
- 1.3 Under PMMVY, a cash incentive of ` 5000/- would be provided directly in the account of Pregnant Women and Lactating Mothers (PW&LM) for first living child of the family subject to their fulfilling specific conditions relating to Maternal and Child Health.
- 1.4 The eligible beneficiaries would receive the remaining cash incentives as per approved norms towards maternity benefit under Janani Suraksha Yojana (JSY) after institutional delivery so that on an average, a woman will get ` 6000/- .
- 1.5 PMMVY, a Centrally Sponsored Scheme, would provide grants-in-aid to the State Governments/ Union Territory Administrations (UTs) in a dedicated Escrow account for the purpose of direct benefit transfer to the beneficiaries.
- 1.6 PMMVY will be implemented using the platform of Anganwadi Services scheme of Umbrella ICDS under Ministry of Women and Child Development in respect of States/ UTs implementing scheme through Women and Child Development Department/ Social Welfare Department and through Health system in respect of States/ UTs where scheme will be implemented by Health & Family Welfare Department. The list of PMMVY implementing departments for each State/UT is at **Annexure A**.
- 1.7 PMMVY shall be implemented through a centrally deployed Web Based MIS Software application and the focal point of implementation would be the Anganwadi Centre (AWC) and ASHA/ ANM workers.

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## 2. THE PROGRAMME

### 2.1 Objectives of PMMVY

- 2.1.1 Providing partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the first living child.
- 2.1.2 The cash incentive provided would lead to improved health seeking behaviour amongst the Pregnant Women and Lactating Mothers (PW&LM).

### 2.2 Target beneficiaries

- 2.2.1 All Pregnant Women and Lactating Mothers, excluding PW&LM who are in regular employment with the Central Government or the State Governments or PSUs or those who are in receipt of similar benefits under any law for the time being in force.
- 2.2.2 All eligible Pregnant Women and Lactating Mothers who have their pregnancy on or after 01.01.2017 for first child in family.
- 2.2.3 The date and stage of pregnancy for a beneficiary would be counted with respect to her LMP date as mentioned in the MCP card.
- 2.2.4 **Case of Miscarriage/Still Birth:**
  - (i) A beneficiary is eligible to receive benefits under the scheme only once.
  - (ii) In case of miscarriage/still birth, the beneficiary would be eligible to claim the remaining instalment(s) in event of any future pregnancy.
  - (iii) Thus, after receiving the 1<sup>st</sup> instalment, if the beneficiary has a miscarriage, she would only be eligible for receiving 2<sup>nd</sup> and 3<sup>rd</sup> instalment in event of future pregnancy subject to fulfilment of eligibility criterion and conditionalities of the scheme. Similarly, if the beneficiary has a miscarriage or still birth after receiving 1<sup>st</sup> and 2<sup>nd</sup> instalments, she would only be eligible for receiving 3<sup>rd</sup> instalment in event of future pregnancy subject to fulfilment of eligibility criterion and conditionalities of the scheme.
- 2.2.5 **Case of Infant Mortality:**

A beneficiary is eligible to receive benefits under the scheme only once. That is, in case of infant mortality, she will not be eligible for claiming benefits under the scheme, if she has already received all the instalments of the maternity benefit under PMMVY earlier.
- 2.2.6 Pregnant and Lactating AWWs/ AWHs/ ASHA may also avail the benefits under the PMMVY subject to fulfilment of scheme conditionalities

### 2.3 Benefits under PMMVY

- 2.3.1 Cash incentives in three instalments i.e. first instalment of ` 1000/- on early registration of pregnancy at the Anganwadi Centre (AWC)/ approved Health facility as may be identified by the respective administering State/ UT, second instalment of ` 2000/- after six months of pregnancy on receiving at



least one ante-natal check-up (ANC) and third instalment of ` 2000/- after child birth is registered and the child has received the first cycle of BCG, OPV, DPT and Hepatitis-B, or its equivalent/ substitute.

2.3.2 The eligible beneficiaries would receive the incentive given under the Janani Suraksha Yojana (JSY) for Institutional delivery and the incentive received under JSY would be accounted towards maternity benefits so that on an average a woman gets ` 6000/-.

## 2.4 Conditionality and Instalments

2.4.1 PW&LM shall receive a cash benefit of ` 5000/- in three instalments at the following stages as specified in the table given below:

Conditionality and Instalments		
Instalment	Conditions	Amount
First Instalment	Early Registration of pregnancy	` 1,000/-
Second Instalment	Received at least one ANC (can be claimed after 6 months of pregnancy)	` 2,000/-
Third Instalment	i. Child Birth is registered  ii. Child has received first cycle of BCG, OPV,DPT and Hepatitis-B or its equivalent/substitute	` 2,000/-

2.4.2 The eligible beneficiaries would receive the remaining cash incentive as per approved norms towards the Maternity Benefit under JSY after institutional delivery so that on an average, a woman will get ` 6000/-.

## 2.5 Closure of old Maternity Benefit Programme

2.5.1 The beneficiaries under old Maternity Benefit Programme in 53 pilot districts (**Annexure M**), who have already received first instalment of maternity benefit, shall be entitled for receiving cash incentive as per approved norms towards maternity benefit under JSY and also the third instalment under PMMVY if they or otherwise eligible under the scheme and fulfil the conditions laid down for incentive under JSY and third instalment under PMMVY.

2.5.2 The eligible beneficiaries in 53 pilot districts who have registered under old Maternity Benefit Programme (IGMSY) on or after 01.01.2017, but have not received first instalment may register under PMMVY.

2.5.3 Conditions for subsuming registered beneficiaries under old Maternity Benefit Programme in PMMVY for 53 pilot Districts: -

- a. Under the old Maternity Benefit Programme, maternity benefit of ` 6000/- was disbursed to the beneficiaries in two equal instalment of ` 3000/- each. The first instalment of ` 3000/- was provided after second trimester of pregnancy to those beneficiaries who have got them registered at the Anganwadi Centre/ health centre with at least two antenatal check-ups. The second instalment was provided after registering the birth of the child and completing immunization of the child, as per the conditions of the scheme.
- b. Thus, if a woman has already received first instalment of maternity benefit under old Maternity Benefit Programme, she shall be entitled for receiving the cash incentives as per approved norms under JSY for institutional delivery and for third instalment under the PMMVY, if she is otherwise eligible under the scheme and fulfil the conditions laid down for incentives under JSY for institutional delivery and third instalment under PMMVY.

• • •

### 3. PROCESSING OF CLAIMS

The following procedure shall be followed for processing of the cases so as to ensure that the payment of the instalment is made in the account of the eligible beneficiary preferably within 30 days of registration and submission of the claim along with complete details of fulfilment of the conditionalities under the scheme.

#### 3.1 Registration and submission of claims to AWW/ASHA/ANM

##### 3.1.1 Registration under the Scheme:

- a) The eligible women desirous of availing maternity benefits are required to register under the scheme at the Anganwadi Centre (AWC)/ approved Health facility depending upon the implementing department for that particular State/UT.
- b) For registration, the beneficiary shall submit the prescribed application **Form 1-A**, complete in all respects, along with the relevant documents and undertaking/consent duly signed by her and her husband, at the AWC/ approved Health facility. While submitting the form, the beneficiary will be required to submit her and her husband's Aadhaar details with their written consents, her/husband/family member's Mobile Number and her Bank/Post Office account details.
- c) The prescribed form(s) can be obtained from the AWC/ approved Health facility free of cost. The form(s) can also be downloaded from the website of Ministry of Women and Child Development (<http://wcd.nic.in>).
- d) The beneficiary would be required to fill up the prescribed scheme forms for registration and claim of the instalment and submit the same at the Anganwadi Centre/ approved Health facility. The beneficiary should obtain acknowledgment from Anganwadi Worker/ASHA/ANM for record and future reference.
- e) Brief instructions on filling up of the prescribed form(s) are as follows (for the details refer to the Scheme Forms series 1, 2, 3 and 4; and **Annexure B** and **Annexure C**):
  1. For registration and claim of first instalment, duly filled Form 1-A along with copy of MCP Card (Mother and Child Protection Card), Proof of Identity of Beneficiary and her Husband (Aadhaar Card or permitted Alternate ID Proof of both (as per **Annexure D**)) and Bank/ Post Office Account details of the beneficiary is required to be submitted.
  2. For claiming second instalment, beneficiary is required to submit duly filled up **Form 1-B** after six months of pregnancy, along with the copy of MCP Card showing at least one ANC.
  3. For claiming third instalment, beneficiary is required to submit duly filled up **Form 1-C** along with copy of child birth registration and copy of MCP card showing that the child has received first cycle of immunization or its equivalent/substitute.
  4. In case a beneficiary has complied the conditionalities stipulated under the scheme but could not register/submit claims within the stipulated time can submit claim(s) as given at para 3.6.
  5. The AWW / ASHA / ANM will facilitate opening of the beneficiary's Aadhaar seeded Bank / Post Office account in case she does not already have the same in her name or seeding the existing Bank / Post Office account with Aadhaar.

6. The beneficiary may submit **Form 2-A** for seeding of her Bank Account with her Aadhaar, if not seeded earlier.
7. The beneficiary may submit **Form 2-B** for seeding of her Post Office Account with her Aadhaar, if not seeded earlier.
8. Even if the beneficiary does not have the Aadhaar, the AWW / ASHA/ ANM will ensure opening of the Bank / Post Office Account and facilitate getting the Aadhaar Card.
  - a) The beneficiary/ her husband may submit **Form 2-C** to enrol for Aadhaar or update the details registered with UIDAI.
9. Beneficiary may submit **Form 3** for updating/change of details registered under the scheme in the following conditions:
  - a. Change in address and/or mobile number;
  - b. Inclusion of Aadhaar Number of Beneficiary or her Husband in case it is not provided at the time of registration;
  - c. Change in Bank/ Post Office Account;
  - d. Change in name as in Aadhaar;
10. The beneficiaries already registered under old MBP scheme and received only the first instalment may submit duly filled up Form 1-A and Form 1-C for claiming the third installment under PMMVY subject to fulfillment of eligibility and conditionalities.
11. If the beneficiary and/or her husband does not have Aadhaar, they can provide an Aadhaar EID number or register their request for Aadhaar enrolment (Form 2-C) along with any proof of identity in Form 1-A.

#### **3.1.1.1 General Instructions:**

- a) Beneficiary and her husband are required to enrol for Aadhaar on their own or through facilitation by the implementing Department in the State/UT to become entitled for third instalment for which Aadhaar numbers of beneficiary & her husband are mandatory. For anyone providing Alternate ID proof under the scheme, it is compulsory to enrol for Aadhaar within 90 days from date of registration under the scheme.
- b) The beneficiaries from the State of Assam, Meghalaya and Jammu & Kashmir are exempted from the requirement for submission of Aadhaar as per notification issues under Section-7 of Aadhaar Act, 2016 (refer Annexure D).
- c) The pregnancy of a beneficiary would be counted with respect to her LMP date as mentioned in the MCP card.
- d) Every registered beneficiary under **PMMVY** will receive a Mother and Child Protection (MCP) Card from Anganwadi Centre/ ASHA / ANM of the locality. The MCP Card will be used as a means of verification of the conditionality (ies) for payment.

#### **3.1.2 Processing of the claim for First Instalment**

- a. For claiming the installment, the beneficiary shall submit duly filled up Form 1-A along with the relevant documents at the AWC/ Village/ Approved health facility.
- b. The beneficiary will be eligible to claim the first instalment under the scheme only if she registers her pregnancy at the AWC or with ASHA/ANM within a time frame of 5 months (i.e. 150 days) from the LMP date (both dates are as captured in the MCP card).

- c. The processing for disbursement of benefits to the beneficiary shall be completed well before 30 days of registration at AWC/ Village/ approved health facility so that the benefits could be transferred within 30 days to the beneficiary from the date of registration under the scheme.
- d. The individual desirous of availing benefits under PMMVY shall submit the details as prescribed in Registration Form & fulfilment of conditionalities in Form 1-A to AWW/ASHA/ANM along with requisite documents.
- e. On receipt of complete application form and requisite documents, the AWW/ASHA/ANM will register the beneficiary under PMMVY and send the details within a week to Supervisor/ANM.
- f. The proposal received from AWW/ASHA/ANM would be checked by Supervisor/ ANM, consolidated and shall be submitted every week to the concerned CDPO/ Health Block Officer (Medical Officer) for the payment processing/ online registration.

### **3.1.3 Processing of the claim for Second Instalment**

- a. For claiming the second installment, the beneficiary shall submit duly filled Form 1-B along with the relevant documents to AWW/ASHA/ANM along with requisite documents.
- b. The beneficiary shall submit the proof of fulfilment of conditionalities in Form 1-B along with photocopies of the requisite documents.
- c. On receipt of complete claim form and requisite documents, the AWW/ASHA/ANM will send the details within a week to Supervisor/ANM for processing disbursement of second instalment of maternity benefit.
- d. The proposal received from AWW/ASHA/ANM would be checked by Supervisor/ ANM, consolidated and shall be submitted every week to the concerned CDPO/ Health Block Officer (Medical Officer) for the payment processing.
- e. The processing for disbursement of second instalments of maternity benefits to the beneficiary shall be completed well before 30 days from the date of receiving claim in Form –1-B related to proof of fulfilment of conditionalities.

### **3.1.4 Processing of the claim for Third Instalment**

- a. For claiming the installment, the beneficiary shall submit duly filled up Form 1-C along with the relevant documents to AWW/ASHA/ANM.
- b. The beneficiary shall submit the proof of fulfilment of conditionalities in Form 1-C along with photocopies of the requisite documents.
- c. The beneficiary must furnish details of her and her husband's Aadhaar, if not already furnished, in order to become eligible for receiving third instalment under PMMVY.
- d. On receipt of complete claim form and requisite documents, the AWW/ASHA/ANM will send the details within a week to Supervisor/ANM for processing disbursement of third instalment of maternity benefit.
- e. The proposal received from AWW/ASHA/ANM would be checked by Supervisor/ ANM, consolidated and shall be submitted within a week to the concerned CDPO/ Health Block Officer (Medical Officer) for the payment processing.
- f. The processing for disbursement of third instalments of maternity benefits to the beneficiary shall be completed well before 30 days from the date of receiving claim in Form 1-C related to proof of fulfilment of conditionalities.

### 3.2 Processing by Supervisor/ANM

The form received from AWW/ASHA/ANM shall be verified and submitted to CDPO/MO within a week from the date of receipt. The detailed instructions in this regard are at Annexure B and Annexure C.

### 3.3 Processing by CDPO/MO

The form received from Supervisor/ANM will be verified and entered into the WWW.PMMVY-CAS.GOV. IN web-based MIS for disbursement of benefits to eligible beneficiaries, as per the details given in User Manual for the PMMVY-CAS software. CDPO/MO will ensure that the details received or entered in the database and sanctioned within a week from the date of receipt of the forms.

### 3.4 Processing for initiation of payment by State Nodal Officer (SNO)

The SNO will ensure that the payments are initiated within three working days from the receipt of sanctioned list from CDPO/MO after verifying the correctness of the data.

### 3.5 Amount and conditions for payment of incentives

- a. The beneficiary will receive a total cash incentive of ` 5000/- in three instalments, subject to the fulfilment of specific conditions.
- b. The payment shall be credited to the Bank/ Post office account of the beneficiary, as the case may be and not in the husband's/family member's/joint account.
- c. The conditionalities for the three instalments under the scheme are (**refer Annexure E** for details):
  - i. **First Instalment**

Amount: ` 1000/- in case of early registration of pregnancy on fulfilment of the conditions mentioned below:

Proof of early registration of pregnancy in MCP card (registration of pregnancy within 150 days from the date of LMP), duly certified by an officer/functionary of Health Department not below the rank of ANM.
  - ii. **Second Instalment**

Amount: ` 2000/- after 6 months of pregnancy on fulfilment of the conditions mentioned below:

At least one Ante-Natal Check-up of beneficiary duly certified on MCP card by an officer/functionary of Health Department not below the rank of ANM.
  - iii. **Third Instalment**

Amount: ` 2000/- on fulfilment of the conditionalities mentioned below:

Child birth is registered. Birth Certificate issued by an authorised authority of the State/UT will be accepted as proof of child birth.

Proof that child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute, the MCP card being duly certified on MCP card by an officer/functionary of Health Department not below the rank of ANM.
- d. The immunization is to be completed preferably within 14 weeks of birth of the child as per the schedule issued by MHFW (Annexure L). The AWW/ ASHA/ ANM will check the MCP card of the beneficiary at the beginning of the fifth month to ensure that all the immunization of the infant has taken place.

### 3.6 Bunching of Instalments

Beneficiaries should apply preferably just after fulfilment of conditionalities to make proper use of the benefits received under the scheme towards meeting the scheme objectives. In case she could not apply within the normal time frame, the following may be considered:–

- i. No maternity claim under the scheme shall be admitted after 730 days of pregnancy. LMP registered in the MCP card will be the date of pregnancy to be considered in this respect.
- ii. The instalments may be claimed independently and not interlinked with each other, subject to fulfilment of eligibility criteria and conditionalities.
- iii. A beneficiary can apply, at any point of time but not later than 730 days of pregnancy, even if she had not claimed any of the instalments earlier but fulfils eligibility criterion and conditionalities for receiving benefits.
- iv. In cases where LMP date is not recorded in MCP card viz. a beneficiary is coming for claim of third instalment under the scheme, the claim in such cases must be submitted within **460 days** from the date of birth of the child beyond which period no claim shall be entertained.
- v. Under bunching of instalments, a number of combinations are possible. For the sake of clarity, the forms to be submitted and conditionalities to be verified are given in table below:

**Table: Bunching Combinations**

S.No	Case	Forms to be filled by Beneficiary	Verification by AWW/ASHA/ANM
1.	Beneficiary has not claimed the first instalment under the scheme and applies for claiming the <b>first instalment only</b> .	Form 1-A	<ul style="list-style-type: none"> <li>• Early registration of pregnancy within 150 days from the date of LMP</li> </ul>
2.	Beneficiary who has not claimed the first instalment under the scheme but applies directly for claiming the <b>second instalment only</b> .	Form 1-A; Form 1-B	<ul style="list-style-type: none"> <li>• At least one ANC</li> </ul>
3.	Beneficiary who has not claimed the first instalment under the scheme and applies directly for claiming <b>both first and second instalments</b>	Form 1-A; Form 1-B	<ul style="list-style-type: none"> <li>• Early registration of pregnancy within 150 days from the date of LMP</li> <li>• At least one ANC</li> </ul>
4.	Beneficiary who has registered herself under the scheme and <b>claimed the first instalment</b> , and applies directly for claiming <b>the third instalment only</b> under the scheme	Form 1-C	<ul style="list-style-type: none"> <li>• Child Birth Registration</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute</li> </ul>
5.	Beneficiary who has registered herself under the scheme and <b>claimed the first instalment</b> , and applies directly for claiming <b>both second and third instalment together</b> under the scheme	Form 1-B; Form 1-C	<ul style="list-style-type: none"> <li>• At least one ANC</li> <li>• Child Birth Registration</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</li> </ul>
	Beneficiary who has <b>not claimed</b> the first and second instalment under the scheme and applies directly for claiming <b>the third instalment only</b> under the scheme	Form 1-A; Form 1-C	<ul style="list-style-type: none"> <li>• Early registration of pregnancy within 150 days from the date of LMP</li> <li>• Child Birth Registration</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</li> </ul>

S.No	Case	Forms to be filled by Beneficiary	Verification by AWW/ASHA/ANM
	Beneficiary who has <b>not claimed</b> the first and second instalment under the scheme and applies directly for claiming <b>second and third instalment together</b> under the scheme	Form 1-A; Form 1-B; Form 1-C	<ul style="list-style-type: none"> <li>At least one ANC</li> <li>Child Birth Registration</li> <li>Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</li> </ul>
	Beneficiary has <b>not claimed</b> the first and second instalment under the scheme and applies directly for claiming <b>first, second and third instalment together</b> under the scheme	Form 1-A; Form 1-B; Form 1-C	<ul style="list-style-type: none"> <li>Early registration of pregnancy within 150 days from the date of LMP</li> <li>At least one ANC</li> <li>Child Birth Registration</li> <li>Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</li> </ul>

### 3.7 Payment to beneficiaries

All eligible beneficiaries who have applied and complies with the conditionalities will receive payments through Direct Benefit Transfer (DBT) to their individual Bank/ Post Office Accounts that is specified by them in their application form(s) on approval by the competent authority. That is:

- Transfer of benefits would be through DBT in Bank/Post Office account only.
- No disbursement would be made in the form of “cash” or “cheque”.
- Mode of money transfer will be through banks and post offices which are on-boarded on PFMS.

### 3.8 Verification of the Conditionalities

#### 3.8.1 Verification by AWW/ASHA/ ANM

Means of verification of each conditionality (details at Annexure E)

- MCP card for early registration of pregnancy, ANC and immunization.
- Birth Certificate by a competent authority of the State/UT will be accepted as proof of child birth.

#### 3.8.2 Verification by Supervisor/ ANM

- During field monitoring visits, the Supervisor/ ANM should check (details at Annexure E) the PMMVY register (**Form 4**) for correctness and verify the fulfilment of conditions by checking the MCP cards. Supervisor/ ANM shall provide an acknowledgement on PMMVY register after receiving the forms from AWW/ ASHA/ ANM.
- While receiving the Monthly Progress Report (MPR) from the AWW/ ASHA /ANM, the supervisor/ ANM should check it for correctness.

#### 3.8.3 Verification by Sanctioning Officer (CDPO/MO)

- The CDPO/MO must check if all the forms are complete with the mandatory document enclosed.
- While receiving the Monthly Progress Report (MPR) from the Supervisor /ANM and CDPO/MO should store it safely (refer to **Section 6.1.2**).

#### **3.8.4 Special Conditions**

- a) If the beneficiary fulfils the conditions for the 3<sup>rd</sup> instalment but the infant does not survive beyond 6 months of age, she will be given the 3<sup>rd</sup> instalment.
- b) If the beneficiary delivers twins/triplet/quadruplet, it will be counted as first live child in the family.
- c) In case of intra-State or inter-State migration due to any reason, the beneficiary can avail the remaining benefit(s) on production of Aadhaar number; or MCP card and acknowledgement slip at the nearest AWC/ approved Health facility (depending on implementing agency at State/ UT level) and after fulfilling the conditions for each instalment.
- d) In case of false claim by the beneficiary, the amount paid to her would be recovered failing which, she will be liable for action as per law.

#### **3.9 Roles and Responsibilities at various levels**

The roles and responsibilities of the AWW, AWH, ASHA, Supervisor/ANM, and other PMMVY personnel is at Annexure C.

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## 4. IMPLEMENTATION MODALITIES

### 4.1 Implementing Department

The scheme would be implemented by MWCD at the Central level while at the State/ UT level the concerned State/ UT have the option to implement the scheme either through WCD/Social Welfare Department or through H&FW Department. The names of implementing departments reported by the States/ UTs are enclosed at Annexure A.

### 4.2 PMMVY Section/Cell in MWCD

- a) The existing Maternity Benefit Programme section in MWCD will administer the scheme.
- b) In order to ensure effective implementation of the scheme, PMMVY Cell shall be established at the National level in MWCD, New Delhi.
- c) The Cell shall work under the overall supervision of the Joint Secretary dealing with the scheme. This cell would be supported by Director and Under Secretary dealing with PMMVY. The cell shall also be supported by contractual staff. One senior consultant (National Program Coordinator) shall be hired along with one Data Entry Operator to support smooth implementation of the program.
- d) The composition and function of PMMVY cell are at **Annexure F**.
- e) The budgetary norms for engagement of contractual staff are at **Annexure G**.

### 4.3 Establishment of PMMVY Cell in States / UTs

- a) Every State/UT would establish a State/UT level PMMVY Cell within the Department of Women and Child Development/Department of Social Welfare/Department of Health & Family Welfare, which will be under the supervision of concerned State/UT Secretary. The Director dealing with the scheme in State/UT will be responsible for the day to day implementation of the scheme at the State/UT level.
- b) The composition and function of State/UT PMMVY cell are at Annexure E
- c) The budgetary norms for engagement of PMMVY staff are at Annexure-G.
- d) The engagement of contractual staff for establishment of PMMVY cell (at State/UT level and district level) shall be done as per States/UT guidelines in extant for such category of posts.
- e) Each of the above-mentioned staff hired should have clear Terms of Reference (as decided by the State/ UT) and be given remuneration as per Budget earmarked in the Scheme. Contracts for all such staff would be renewed annually based on performance.

f) Minimum qualification and experience for the contractual staff to be hired are as under:

Designation	Education qualification	Experience/Competencies
State Programme Coordinator	Postgraduate preferably in Social Sciences/Life sciences/ Nutrition/ Medicine / Health management / Social work/ Rural management	<ul style="list-style-type: none"> <li>i. At least 3 years' experience of working with the Government/Non-Government organizations.</li> <li>ii. Proficiency in using MS-office.</li> <li>iii. Proficiency in local language and English</li> </ul>
District Programme Coordinator		<ul style="list-style-type: none"> <li>i. At least 1-year experience of working with the Government/Non-Government organizations.</li> <li>ii. Proficiency in using MS-office</li> <li>iii. Proficiency in local language and English</li> </ul>
State Programme Assistant	Graduate preferably in in Social Sciences /Social work/Rural management/Statistics	<ul style="list-style-type: none"> <li>i. At least 2 years' experience of working with Government/ Non- Government organizations.</li> <li>ii. Proficiency in using MS-office, data entry and analysis.</li> <li>iii. Proficiency in local language and English</li> </ul>
District Programme Assistant		<ul style="list-style-type: none"> <li>i. At least 1-year experience of working with Government/ Non-Government organizations.</li> <li>ii. Proficiency in using MS-Office and data entry.</li> </ul>

#### 4.4 Use of Flexi Funds

To be used as per guidelines issued by Department of Expenditure, Ministry of Finance, Government of India vide Office Memorandum number F.NO. 55(5)/PF-II/2011 dated 6<sup>th</sup> September 2016 (**Annexure H**).

#### 4.5 Payment of DBT Transaction Charges

The payment of DBT Transaction Charges, if any, will be as per the instructions issued from time to time by the Ministry of Finance, Government of India.

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## 5. FUND FLOW AND DISBURSAL MECHANISM

### 5.1 Fund Flow

- a) Funds under the Scheme will be transferred from MWCD through PFMS in dedicated Escrow Account maintained by the State/UT at State/UT level. The State/UT will also credit their respective share to this Escrow account as per the cost sharing ratio between the Centre and State/UT. The fund available in the dedicated Escrow account are meant for transfer to the beneficiaries under the scheme. In no case, the funds from this account should be diverted for any other purpose. The funds from this account shall be transferred to the beneficiaries through PFMS in DBT mode.
- b) To meet the administrative and other expenditures the funds shall also be transferred by MWCD to the States/UTs as per schematic norms through PFMS in the State/ UT treasury. The State/UT after crediting their respective shares shall make it available to the Department for smooth implementation of the scheme.
- c) The State/UT shall ensure that sufficient fund is maintained in escrow account for making payment to the beneficiaries.

### 5.2 Escrow Account

- a) To ensure dedicated and timely availability of funds to the beneficiaries, without parking of funds at the State/UT level, States/UTs shall maintain a State/UT level Escrow Account for the Scheme. The fund transfer from Government of India and State/UT will be to this account for the further transfer to beneficiary's account.
- b) The States/UTs after opening the Escrow account for PMMVY shall submit the detail to MWCD as per prescribed format jointly signed by the Secretary concerned and the bank authority. The prescribed format is at **Form 5-A**.
- c) MWCD shall transfer the fund to this dedicated Escrow account.
- d) This account is mandatorily required to be an escrow account and must be opened in a bank as per instructions issued by Ministry of Finance for banking arrangements of the State/District Level Implementing Agencies handling Central Sector/ Centrally sponsored Schemes of various Ministries of Government of India vide O.M. No. S-11012/3(1) Bank/Ref. Case/2010/RBD/1688-1772 dated 10.11.2016 (**Annexure I**).
- e) For initiation of payment from the Escrow account to the beneficiaries, the State/UTs shall appoint a State/UT level Nodal officer (NO) who will obtain Digital Signature Certificate (DSC) well in advance to process the payment to beneficiaries. The detailed roles and responsibilities of NO are at Annexure C.
- f) Any changes in the authorized signatory must be in conformity with the banking regulations.
- g) The amount due for payment to the eligible beneficiaries on fulfilment of conditionalities will be available to the nodal officer through PMMVY-CAS. To avoid delay, the Nodal officer shall initiate payment to the beneficiaries at least twice a week.
- h) The payment to the beneficiaries shall be made on 'first-in-first-out' basis.

### 5.3 Sanctioning Authority

- a) In States/UTs where the scheme is being implemented by Department of Women & Child Development/ Social Welfare, CDPO, Anganwadi services shall be the approving authority for payment to be made to the eligible beneficiaries fulfilling the conditionalities of the scheme. He/ She will be responsible for correctness of the list submitted for payment to authority initiating payment at the State/UT level.
- b) Similarly, in the States/UTs where the scheme is being implemented by H&FW Department, the MO, at Block level shall be the approving authority for payment to be made to the eligible beneficiaries fulfilling the conditionalities of the scheme. He/ She will be responsible for correctness of the list submitted for payment to authority initiating payment at the State/UT level.
- c) All the payments to the beneficiary shall be made only through the Direct Benefit Transfer (DBT) mode.
- d) All the payment will be initiated by the officer who is the designated owner of the escrow account through PFMS.

### 5.4 Disbursement Mechanism

- a) The State Government/UT Administration shall project the number of prospective beneficiaries and their requirement of funds and submit it to MWCD by 31<sup>st</sup> December for the next Financial Year.
- b) On the basis of the approval, Government of India will release funds in four quarterly instalments for the implementation of the PMMVY to the States/UTs. The first two instalments will be released on notional basis and subsequent instalment upon submission of Statement of Expenditure by the State/UT based on the actual expenditure reflected therein.

### 5.5 Financial Provisions

- a) The Government of India funds would be based on the following cost sharing ratio between the Centre and the States/UTs:

All States/UTs (with legislature)	60:40
NER and Himalayan States	90:10
Union Territories without legislature	100% funding by Central Government

- b) Financial provisions under the PMMVY are in **Annexure G**. While incurring expenditure the States/UTs should ensure that the expenditure under various heads should be kept within the prescribed limits.

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## 6. RECORDS, REPORTS, MONITORING AND EVALUATION

### 6.1 Records

#### 6.1.1 General Instructions

Under the scheme the forms contain sensitive and personal information of beneficiary and her husband such as Aadhaar number, bank details, medical reports etc. Therefore, such records, both in physical or electronic form, should be kept in custody of authorised personnel only and in no case should be made available in any form to an unauthorised person. The documents containing personal details of the beneficiary should never be placed on notice board for information of public.

#### 6.1.2 Guidelines for Record Retention

- a) All the physical forms/registers need to be stored in a safe place by the official in possession of the document (field functionaries, CDPO/MO, Supervisor/ANM etc.) and will be shared/transferred with/to an authorised personnel only, if the sharing/transfer is justified under the guidelines of the scheme.
- b) The application forms received under Form Series 1, 2 and 3 should be destroyed after three years from date of archiving of these documents.
- c) Form 4 (PMMVY Register) may be retained up to 5 years and thereafter the same may be destroyed.

#### 6.1.3 PMMVY Register (Monthly Progress Reports)

PMMVY register (to be opened every financial year) has to be maintained at the AWC/Village by AWW or by ASHA/ ANM (**Form 4**). This register is meant to keep a record of all beneficiaries under a particular AWC/ ANM/ ASHA area who have applied under the Scheme. The register needs to be filled in blue ink/ ball point pen as per instructions given Annexure B.

This register will give the monthly progress report of the scheme which will be submitted to Supervisor/ ANM.

#### 6.1.4 Reports Generated from PMMVY-CAS

The reports generated from PMMVY-CAS shall be sent to AWC/Village/Approved Health Facility for updation of payment details, reasons for rejection of claims etc. The details are given in **Annexure J**.

#### 6.1.5 Utilisation Certificate and Statement of Expenditure

- a) The MPR by the AWW/ ASHA /ANM will be verified by Supervisor / ANM and submitted to the CDPO/MO as described in Annexure B.
- b) The monthly status of funds in escrow account shall be emailed to MWCD by 5th of every month in the prescribed format given in **Form 5-A**.
- c) Quarterly and Annual Statement of Expenditure (SoE) along with Physical and Financial report in prescribed formats (Form 5) will be consolidated by the State/UT to be sent to MWCD, by the following dates:

- a. Annual physical and financial report for previous year : by 31<sup>st</sup> May
  - b. Quarter ending 30<sup>th</sup> June : by 15<sup>th</sup> July
  - c. Quarter ending 30<sup>th</sup> September : by 15<sup>th</sup> October
  - d. Quarter ending 31<sup>st</sup> December : by 15<sup>th</sup> January
  - e. Quarter ending 31<sup>st</sup> March : by 15<sup>th</sup> April
- d) Time schedule for submission of monthly status of funds in escrow account, Statement of Expenditure, Physical and Financial reporting may be strictly adhered, to enable MWCD to release the funds to States/UTs in time.

## 6.2 Monitoring and Review of the Programme

The composition of committees to be formed at various levels is given at **Annexure K**.

- a) Monitoring and review of the programme shall be done by MWCD.
- b) Steering and Monitoring Committees would be formed at State/UT, District, Project and Village-level to ensure effective implementation of the Scheme. These will be sub-committees of ICDS Committees and members from Banking/Post Office may be added. Formation of separate PMMVY committees at State/District/Project/Village-level would be at the discretion of the States/UTs.
- c) These committees shall review, monitor and advise on matters relating to the implementation of the Scheme. They shall review progress of the scheme and strengthen the coordination and convergence between concerned Departments, consider the bottlenecks faced during the implementation of the scheme and suggest modifications required for improving the implementation. The Committees should meet as per timeline indicated in Annexure K or earlier, if needed, as per the discretion of the Chairperson. Technical experts, NGOs or civil society groups may also be invited, if considered appropriate.
- d) Where the scheme is implemented by other than Department of Women & Child Development, similar processes will be followed by the Department implementing the PMMVY and Report will be sent to Ministry of Women and Child Development by the implementing Department of the State / UT on a monthly basis.
- e) Access of the PMMVY implementing software and beneficiary's relevant data would be granted to the monitoring/implementing agencies.

## 6.3 Social Audits/Addressing Grievances

- a) A grievance can be defined as any sort of discontent/dissatisfaction, which needs to be redressed in order to bring about the smooth functioning of the scheme. Some indicative examples of grievances could be:
  - i. No services provided by the AWW /ANM/ASHA
  - ii. Irregular (delayed or short) payments of the instalments to the beneficiaries
  - iii. Exclusion of some beneficiaries owing to caste/class/personal bias
  - iv. Victimization
  - v. Corruption
- b) The States /UTs may consider setting up a formal grievance redressal mechanism at project/Health block and district level for handling complaints, determining the time limits and responsible units for

addressing complaints and taking necessary action. Existing grievance redressal units, e.g., Collector's grievance redressal unit / Zila Parishad Council at district-level, may be considered for addressing grievances related to this Scheme.

- c) Issues and grievances related to the scheme should be discussed in the meeting of the Village Health, Sanitation and Nutrition Committee (VHSNC) or Village-level PMMVY Steering and Monitoring Committee and forwarded to the project-level steering and monitoring committee for necessary action.
- d) Entitlements under the scheme, eligibility criteria and list of beneficiaries should be pasted at the AWC/ Village to maintain transparency. It would be ensured that Aadhaar, Bank/Post-Office account and other personal details of beneficiaries are not made public as stipulated under the provisions of IT Act, 2000 and Aadhaar Act, 2016.
- e) Further for Social Audits, the PMMVY should be an agenda point during the Gram Sabhas. Wherever possible, special Women Gram Sabhas (Mahila Sabhas) may be convened by the Women Sarpanch/ Panchayat member. During the Mahila Sabhas, names of the PMMVY beneficiaries should be informed to the community members by the Anganwadi Worker/Member Secretary of Village-level PMMVY Steering and Monitoring Committee (refer Annexure K). Representatives of Women SHG-Federations, Bank, Post office and District PMMVY Cell may also be invited to these meetings. Mahila Sabha meetings may be held twice a year.
- f) In areas where Mahila Sabhas are not in existence, the PMMVY Steering and Monitoring Committee at village-level may hold such a meeting by inviting community members.

#### **6.4 Evaluation:**

NITI Aayog will monitor the Scheme every month. For an initial period of two years after the launch of the Scheme. After six months of roll out, a detailed evaluation will be carried out to bring mid-course corrections, if any.

For this purpose, NITI Aayog shall constitute a PMMVY Technical Committee under chairpersonship of CEO, NITI Aayog.

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### 7. CAPACITY BUILDING AND CONVERGENCE

#### 7.1 Capacity Building & Information Education and Communication (IEC) activities:

- a) Separate provisions have been made under the scheme at State/UT and District level (State/UT PMMVY Cell and District PMMVY Cell) for each State/UT for Capacity Building and IEC activities.
- b) All functionaries of PMMVY right from State/UT level up to grass root workers need to be sensitized on PMMVY. Wherever possible, these sensitization workshops should be organized in coordination/jointly with the Health Department as health services provision is a significant part of the PMMVY.
- c) NIPCCD along with its Regional Centres would organize trainings, either through cascade model, vertical training or as the States/UTs deem appropriate. NIPCCD would also include the PMMVY training in its regular job and refresher training courses of all field functionaries under the scheme.
- d) State/UT ICDS and Health Departments through their training Institutes shall ensure all concerned personnel are trained under the PMMVY.
- e) Capacity building shall include training of PRI members.
- f) IEC activities at sector/project/district level and State/UT level shall be organized for spreading awareness about the scheme and sensitizing all concerned. A one-page pamphlet informing the intended beneficiaries about the scheme, criterion to be met to receive the financial benefits and mechanisms to receive the money and from whom and when may be considered to be distributed to the service providers and beneficiaries.
- g) Advertisements as IEC may be used to spread mass awareness about the scheme.

#### 7.2 Inter-departmental convergence:

The implementation of PMMVY requires close coordination with the following Departments. VHSND would be the platform for convergence of services from different Departments.

##### a) Health Department:

- a) Ensuring MCP cards are available and used.
- b) Ensuring timely ANC of pregnant women and vaccination of child
- c) Promote ANC done under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
- d) Promoting institutional delivery, early initiation of breastfeeding, colostrum feeding and exclusive breastfeeding for first six months.
- e) Organizing sensitization and training programs for PMMVY for all concerned staff.

##### b) Panchayati Raj Institutions:

- a) Organizing community awareness events.
- b) Providing additional incentives to mothers through their own funds.



- c) Conducting social audits/addressing grievances.
- d) Ensuring registration of Child Birth
- c) **UIDAI:** The beneficiaries and their husband without Aadhaar may be provided Aadhaar number.
- d) **Information / Public Relations Department:** Publicity and mass reach through - All India Radio, Song and Drama Division, Directorate of Advertising and Visual Publicity (DAVP), Division of Field Publicity, State IEC Bureau, Print Media, Regional TV channels, social media etc.
- e) **Lead State and District Post Office/Banks:** For opening of JAM Account (Jan-Dhan accounts seeded with Aadhaar and Mobile number) for PMMVY beneficiaries and devising appropriate cash transfer mechanism for smooth transactions in all the districts.
- f) **State Training Institutes/Medical Colleges** for ensuring their training curriculum includes training on the PMMVY.

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# **ANNEXURES**



### List of PMMVY implementing departments for each State/UT

State/UT	Department	Intimation
Andaman & Nicobar	Social Welfare	4-155/ICDS/IGMSY/DSW/2010 (Vol-IV)/830 dated
Andhra Pradesh	Health, Medical and Family Welfare	No. WCD&SC-13034/10/2017 dated 07.04.2017
Arunachal Pradesh	Women & Child Development	<i>*Telephonic confirmation</i>
Assam	Social Welfare	Letter No. SWD.345/2015/140 dated 12.04.2017
Bihar	Social Welfare	No. ICDS/70010/1-2017-469 dated 14.02.2017
Chandigarh	Health	No. ICDS Cell/2017/454 dated 08.03.2017
Chhattisgarh	Women & Child Development	No. F3-59/13/WCD/50 dated 16.02.2017
D & NH	Medical and Health Services	No. 11/32/2017/EST/SWD/178 dated 21.06.2017
Daman & Diu	Medical and Health Services	No. ICDS/DMN/Maternity/2016-17/01
Delhi	Women & Child Development	Email dated 11.04.2017 from Deputy Director (MBP)
Goa	Women & Child Development	2/192-2012/IGMSY/Part-V/9553 dated 30.03.2017
Gujarat	Women & Child Development	No. 5/ICDS/IGMSY/MBP Implementation/5513/15 dated 18.02.2017
Haryana	Women & Child Development	No. 46576/IGMSY/WCD/2017 dated 20.02.2017
Himachal Pradesh	Social Justice & Empowerment	D.O. No. SJE-C(10)-B/2010-I dated 18.02.2017
Jammu & Kashmir	Social Welfare	<i>*Telephonic confirmation</i>
Jharkhand	WCD & Social Security	पत्र सं.- 05/म.स./के.प्रा.यो.म.लाभ कार्य:-33/2017 502 dated 17.02.2017
Karnataka	Women & Child Development	<i>*Telephonic confirmation</i>
Kerala	Social Welfare	<i>*Telephonic confirmation</i>
Lakshadweep	Women & Child Development	No. 51/1/2017-WCD/148 dated 03.05.2017
Madhya Pradesh	Women & Child Development	अ.श.प.क्र. 43/PS/WCD/17 dated 16.02.2017
Maharashtra	Women & Child Development	<i>*Telephonic confirmation</i>
Manipur	Social Welfare	No. 19/20/2016-S(SW) dated 21.02.2017
Meghalaya	Health & Family Welfare	No. SW(S) 23/2017/60, dated 29.06.2017
Mizoram	Social Welfare	No. 13015/2/2017-DTE (ICDS) dated 17.02.2017 No. B 13012/31/2013-SWD dated 20.02.2017
Nagaland	Social Welfare	No. SW/26/IGMSY-1/15 dated 21.03.2017
Odisha	Women & Child Development	No. 2883/WCD WCD-ICDS(IGMSY)-SCHM-0041-2015 dated 17.02.2017
Puducherry	Women & Child Development	No. 5/CS/PA/2017 dated 16.02.2017

Punjab	Social Security, Women & Child Development	D.O. No. Secy/ACSSS/2017/48 dated 11.04.2017
Rajasthan	Women & Child Development	No. F(26)(4)/MBP-PCTS/ICDS/2016-17/124965 dated 17.08.2017
Sikkim	Social Justice, Empowerment & Welfare	25/SJE@&WD/W&CDD/ICDS/17-18 dated 20.04.2017
Tamil Nadu	Health & Family Welfare	No. 2305/SW7(1)/2017-1 dated 17.02.2017
Telangana	Health & Family Welfare	No. 639/Schemes.A1/2017 dated 22.02.2017
Tripura	Social Welfare	D.O. No. F.95(8-20)-PMMVY/SWE/2017 dated 28.07.2017
Uttarakhand	Women & Child Development	D.O. No. 296/XVII(4)/2017-262(9)/11TC dated 01.03.2017
Uttar Pradesh	Health	Email dated 01.03.2017 from Principal Secretary, ICDS, Govt. of UP
<b>West Bengal</b>	<i>response awaited</i>	-

## Instructions for the Anganwadi Worker/Health Worker for filling up PMMVY Forms

*(The forms needs to be filled in blue/black ball point pen)*

### 1.1 Introduction:

The details of forms which will be dealt by AWW/Health worker are as follows:

- i. **Form 1 series** is for registration and claiming various instalments of maternity benefit under the scheme. This series consists of three forms:
  - **Form 1-A** is the form to be filled for registration of a new beneficiary under the scheme at any stage and for claiming first instalment under the scheme.
  - **Form 1-B** is the form to be filled for the beneficiary to claim the 2<sup>nd</sup> Instalment.
  - **Form 1-C** is the form to be filled for the beneficiary to claim the 3<sup>rd</sup> Instalment.
- ii. **Form 2 series** is for Aadhaar seeding of Bank/Post office account and for Aadhaar enrolment and change/update in details registered with UIDAI. The series consists of three forms:
  - **Form 2-A** is the form to be filled by the beneficiary for Aadhaar seeding of her Bank Account, if not seeded earlier.
  - **Form 2-B** is the form to be filled by the beneficiary for Aadhaar seeding of her Post Office Account, if not seeded earlier.
  - **Form 2-C** is the form to be filled by the beneficiary/ her husband to enrol for Aadhaar or update details registered with UIDAI.
- iii. **Form 3** is for updating of details such as mobile number, Address, Aadhaar details, bank details and replacing Identity Proof with Aadhaar.
- iv. **Form 4 Series** is the monthly record of all beneficiaries in the AWC/Village/Approved Health Facility. It can be maintained in the form of a register. It consists of two Forms;
  - **Form 4-A** is the cover page of Monthly Progress Report (MPR) for the reporting month.
  - **Form 4-B** is for recording the details of beneficiaries registered at AWC/Village/Approved Health Facility and their status. The status at the end of month shall be reported to the Supervisor/ANM in the form of MPR. This form serves as the register for the year, as well as the MPR. A beneficiary's progress is tracked in this form until she exits from Scheme.

### 1.2 General Instructions:

- i. **The Fields marked mandatory must be filled. The AWW/ASHA/ANM should accept only those forms where mandatory fields have been duly filled up.**
- ii. **In case when an option is not applicable, it must be struck off.**

*For example:* If the name of Supervisor/ ANM is asked, "ANM" must be struck off in case when the form is being filled in State/ UT where WCD is the implementing department and vice versa.
- iii. Before registering the beneficiary, verify the enclosed documents as per checklist in the form.
- iv. The AWW/ASHA/ANM must submit the form to Supervisor/ANM within 1 week from date of registration/ receipt of application for claim.

- v. The filled up form should be submitted to authorise personnel only.
- vi. The filled up form(s) retained at AWC/Village/Approved Health Facility must be kept in safe custody per instructions given in section 6.1.2.
- vii. The claim received after 730 days from the date of LMP should not be entertained. In such cases, the application should not be registered under PMMVY.

### 1.3 Form 1-A: Application for Registration under PMMVY and First Instalment

The AWW/ ASHA /ANM has to assist the beneficiary in filling up the registration form. The following guidelines must be adhered to while filling up each section of the form:

1. The following details of the beneficiary have to be captured for successful registration:
  - i. Check whether the beneficiary has an Aadhaar Card. If yes go to ii), else go to iv) and/or v).
  - ii. Fill up the name of the beneficiary as mentioned in her Aadhaar card.
  - iii. Fill up the beneficiary's Aadhaar number. All the 12 digit Aadhaar number of the beneficiary must be written clearly in the form. The AWW/ ASHA /ANM must ensure that the complete and correct Aadhaar number has been written in the form. Please also enclose a photo copy of the Aadhaar Card.
  - iv. If the beneficiary does not possess an Aadhaar Card, complete Aadhaar Enrolment ID number is to be filled up, in case already registered for Aadhaar enrolment.
  - v. Further, fill up the name of the beneficiary as per Alternate Identity Card it must exactly match with the name as mentioned in the Alternate Identity Card. For example: The bank/post office account details may be considered as Alternate ID.
  - vi. Fill up the Alternate ID Number and enclose a copy of the Alternate Identity Card.
  - vii. Please select the Alternate Identity Card provided from the list given.
2. The details of the husband of the beneficiary have to be captured for successful registration:
  - a) Check whether the husband has an Aadhaar Card. If yes go to ii), else go to iv).  
**Fill up i–vii details as explained 1 above.**

**Note I:** In Jammu and Kashmir, Assam and Meghalaya, other Alternate ID Proof as mentioned in the form may be accepted. Such beneficiaries must write their name as in Alternate ID Proof and the correct Alternate ID number in the form. Such Alternate IDs will also be accepted for the husband.

**Note II:** For anyone providing Alternate ID proof under the scheme, it is compulsory to enrol for Aadhaar within 90 days from the date of registration/submission of claim under the scheme under the scheme.

3. Fill up the current residential address of the beneficiary.
4. Fill up the 10-digit mobile number of the beneficiary, if she has. This is not mandatory but required to send SMS updates. She can also give the mobile number of her family members, if she desires so.
5. Correctly tick the appropriate field.
6. Fill up the Last Menstrual Period (LMP) date of the beneficiary from the MCP card (Enclose a photocopy of the MCP Card). Ensure the date is in dd/mm/yyyy format. This field is mandatory for claiming 1st and/or 2nd installment under the scheme.



7. Fill up the Date of registration of MCP card at AWC/ Village / Approved Health Facility (Enclose a photocopy of the MCP Card). Ensure the date is in dd/mm/yyyy format. This field is mandatory for claiming any installment under the scheme. This date will be used as date of registration of pregnancy of the beneficiary.
8. Fill up the number of living children of the beneficiary as on the date of filling up the application.  
**Note:** The beneficiary is eligible for claiming benefits under the scheme only for first living child of family
9. Fill up the Category to which the beneficiary belongs. Choose 'SC' or 'ST' if she belongs to Scheduled Caste or Scheduled Tribe respectively. For all other categories, select 'Others'.
10. Fill up the complete Bank or Post Office account details of the beneficiary. It should be ensured that the bank/post office account should be in the name of the beneficiary only. Joint account is not acceptable. It must be ensured that beneficiary provides a copy of the Passbook showing Name, Account Number, and Bank Name.

**Note:** The following points must be kept in mind while giving the details of the bank/post office account:

- a. The bank/post office account must be Aadhaar seeded in case beneficiary has Aadhaar number.
- b. If the bank/post office account of the beneficiary is not Aadhaar seeded, she must visit her bank/post office branch and get her account seeded with her Aadhaar card by submitting the Form 2-A Form and relevant documents. AWW/ASHA/ANM will facilitate the seeding process by assisting in filling up of the form and its' submission to the bank/post office branch concerned.
- c. The bank account must be in a bank having Core Banking Solution  
Core Banking Solution (CBS) is networking of branches, which enables Customers to operate their accounts, and avail banking services from any branch of the Bank on CBS network, regardless of where he maintains his account.
- d. The beneficiary must provide the following details in case of an Aadhaar seeded bank/ post office account:
  - i. Name of the beneficiary exactly as mentioned in the passbook of the Aadhaar seeded account
  - ii. Correct account number of the Aadhaar seeded account as mentioned in the passbook.
  - iii. Name of the Bank/ I.P.P.B Branch Name in which the Aadhaar seeded account is maintained.
  - iv. Name of the Bank Branch (as mentioned in passbook) in which the Aadhaar seeded account is maintained.
  - v. IFSC of the Bank Branch (as mentioned in passbook) in which the Aadhaar seeded account is maintained.
  - vi. Address of the Post Office in which the Aadhaar seeded account is maintained.
  - vii. Pin Code of the Post Office in which the Aadhaar seeded account is maintained.
  - viii. Fill up Yes/No as per Aadhaar and Bank Account/ Post Office Account seeding.
- e) The mode of money transfer will be through banks and post offices which are on-boarded on PFMS. Hence, if the beneficiary must provide account details for a PFMS on-boarded bank/post office.

11. Fill up whether the beneficiary had registered for the old MBP scheme (IGMSY). If she had registered, the instalments that she received through that scheme need to be filled up in field 12 of this form.
12. Tick the appropriate column, if answer to field 11 of this form was yes.
13. The undertaking must be signed by the beneficiary. The declarations whichever is not applicable (out of c.i and c.ii) must be struck off. False declaration is liable for legal action as per law.
14. This undertaking must be signed by the husband of the beneficiary. The declarations whichever is not applicable (out of a.i and a.ii) must be struck off. False declaration is liable for legal action as per law.
15. Enter the ID number of beneficiary as recorded in MCP card.
16. The AWW/ ASHA /ANM has to fill up certain details regarding themselves and the beneficiary who has come to them for enrolment under the scheme. They have to ensure all the details are correct before signing with the place (name of the village) and date, and that the form will stand rejected if the mandatory fields are not filled.
  - a. Anganwadi Centre/Approved Health Facility
  - b. Anganwadi Centre Code (in case WCD/ Social welfare is the implementing department)
  - c. Village / Town Name
  - d. Village Code
  - e. AWW/ASHA/ANM Name
  - f. Post Office Name
  - g. Project/Health Block Name
  - h. District Name
  - i. State/UT name
  - j. Important: Date of Registration of Pregnancy in dd/mm/yyyy format.
  - k. Important: Date of Submission of Beneficiary's Form to respective Supervisor or ANM in dd/mm/yyyy format.
17. The field functionary filling up the form must ensure that all the mandatory documents are enclosed along with the forms to be submitted and 'Y' is written in case it is enclosed and 'NA' if the document is not applicable to be enclosed.
18. The Supervisor/ANM must verify that all the details provided in the form have been correctly entered.
19. The AWW/ ASHA /ANM must fill and sign an acknowledgement copy which will be given to the beneficiary. It will have the following details:
  - a. Anganwadi Centre/ Approved Health Facility Name
  - b. Anganwadi Centre/ Village Code
  - c. AWW/ ASHA /ANM Name
  - d. Village/ Town Name
  - e. Post Office Name

- f. Sector Name
- g. Project Name
- h. District Name
- i. Name of State or Union Territory
- j. The Name of Beneficiary and the Date she had come for Registration
- k. The AWW/ ASHA /ANM must sign the acknowledgement and mention the date and place (name of village/town) where it was signed, before handing the acknowledgement copy to the beneficiary.

**Important:**

- The AWW/ ASHA /ANM must inform the beneficiary that she must keep the acknowledgement safely as she will have to submit it while applying for the subsequent instalment.
- The AWW/ ASHA /ANM must submit these completes forms to her Supervisor / ANM
- The Supervisor / ANM must sign the verification after validating the following:
  - o The form is complete- all fields marked mandatory in the form must be correctly filled.
  - o All required documents are attached with the form:
    - Copy of beneficiary Aadhaar card/ Alternate ID
    - Copy of beneficiary's husband's Aadhaar card/ Alternate ID
    - Copy of beneficiary's bank/ post office account passbook.
- The Supervisor / ANM should submit all complete and valid forms to the Project Office for data entry.
- The AWW/ ASHA /ANM must keep a photocopy of the filled forms to be maintained at the AWC/ Village. In absence of a Xerox copy, she must fill the details on another form without taking the signature of the beneficiary.
- The AWW/ ASHA / ANM should put up the list of beneficiaries, received through the Supervisor/ANM, successfully registered and who have received the first instalment.
- **Early Registration of Pregnancy:** The beneficiary will be eligible to claim the first installment under the scheme only if she registers her pregnancy at the AWC or with ASHA/ANM within a timeframe of 5 months (i.e. 150 days) from the LMP date (both dates are as captured in the MCP card).

#### **1.4 Form 1-B: Submission of fulfilment of Condition by Beneficiary (Second Instalment)**

[The Form 1-B to be filled only after 6 months of her pregnancy.]

The AWW/ ASHA /ANM has to assist the beneficiary in filling up the form for receiving the second instalment under the scheme. The following guidelines must be adhered to while filling up the form:

1. The beneficiary must fill her name as given during registration under the scheme in Form I-A. The beneficiary to submit a copy of acknowledgment slip of First Instalment in case she is already registered

to the AWW/ASHA/ ANM. The beneficiary must fill the correct name of the AWC/ Village where she had filled the registration form. The name of Anganwadi Centre / Approved Health Facility /Village where the beneficiary had registered should also be mentioned as in Form 1-A.

2. Fill up the relevant details.
3. The beneficiary must provide the date of registration under the scheme (should be as given during registration under the scheme in Form 1-A).
4. The date of ANC as recorded in the MCP card. In case of more than one ANC, the first one will be recorded.
5. Tick appropriate field.
6. Fill up the date on which claim for 2<sup>nd</sup> Instalment along with duly filled up form is submitted by the beneficiary.
7. Enter the ID number of beneficiary as recorded in MCP card.
8. Fill up the appropriate details.
9. The field functionary must ensure that all the mandatory documents are enclosed along with the duly filled up forms as per checklist before registering the claim for second instalment.

**Important:**

- The AWW/ ASHA /ANM must inform the beneficiary that she must keep the acknowledgement safely as she will have to submit it while applying for the third instalment.
- The AWW/ ASHA /ANM must submit these completes forms to her Supervisor / ANM
- The Supervisor / ANM must sign the verification after validating the following:
  - The form is complete- all fields marked mandatory in the form must be correctly filled.
  - All required documents are attached with the form:
    - Copy of beneficiary Aadhaar card/ Alternate ID
    - Copy of beneficiary MCP Card.
- The Supervisor / ANM should submit all complete and valid forms to the Project Office for data entry.
- The AWW/ ASHA /ANM must keep a photocopy of the filled forms to be maintained at the AWC/ Village. In absence of a Xerox machine, she must fill the details on another form without taking the signature of the beneficiary.
- The AWW/ ASHA / ANM should put up the list of beneficiaries who have received the second instalment.

### **1.5 Form 1-C: Submission of fulfilment of Condition by Beneficiary (Third Instalment)**

The AWW/ ASHA /ANM has to assist the beneficiary in filling up the form for receiving the third instalment under the scheme. The following instructions must be adhered to while filling up the form:

1. The beneficiary should fill her name as given during registration in Form 1-A. The beneficiary to submit a copy of acknowledgment slip of previous Instalment claimed in case she is already registered under

the scheme. In absence of the acknowledgment slip, the beneficiary will have to fill the registration form [Form 1-A] again.

2. The beneficiary must fill her 12 Digit Aadhaar Number and enclose copy of her Aadhaar.  
**Important:** The beneficiary should be made aware that to receive the 3<sup>rd</sup> Instalment she must mandatorily furnish her Aadhaar Details.  
**Note:** Alternate ID for this installment will be accepted only in Jammu and Kashmir, Assam and Meghalaya. In this case, if the beneficiary provided an Alternate Identity Proof during time of registration, she has to fill the Alternate Identity Proof number and enclose a copy of the same
3. Record the date of delivery in dd/mm/yyyy format.
4. Tick the appropriate column.
  - I. If the child was delivered in a government approved health facility, write the name of the health facility. Here, the Government approved Health facility includes institutional delivery in private hospitals recognised by the Government.
5. Tick the appropriate column.
6. Tick the appropriate column.
7. Enter the details as recorded in the MCP card.
8. Enter the date of completion of first cycle of immunization of child as per **Annexure L**. The AWW/ASHA/ANM should check whether all the scheduled vaccines up to 3 ½ months have been given to child. The first cycle of immunization consists of vaccine doses of BCG, Hepatitis B (Birth, 1, 2, and 3), OPV (0, 1, 2 and 3), DPT (1, 2, 3); or equivalent.
9. Tick the appropriate column.
10. The beneficiary must submit a copy of:
  - I. Child's Birth Certificate
  - ii. MCP Card
  - iii. Beneficiary's Aadhaar Card.
  - iv. Acknowledgement Slip of previous installment
11. Enter the ID number of beneficiary as recorded in MCP card.
12. Details to be filled up by AWW/ASHA/ANM relating to their AWC/Village/Health Facility.
13. The field functionary filling up the form must ensure that all the mandatory documents are enclosed along with the forms to be submitted and 'Y' is written in case it is enclosed.
14. The AWW/ASHA/ANM must fill and sign the acknowledgement slip which will be given to the beneficiary.
15. The beneficiary must sign the form/ provide her thumb impression along with the place (name of village/ town) and date after checking all details provided by her are correct.

**Important:**

- Inform the beneficiary that she must keep the acknowledgement safely for future reference.

- The AWW/ ASHA /ANM should submit complete forms to her Supervisor / ANM
- The Supervisor/ ANM must sign the verification after validating the following:
  - The form is complete- all fields marked mandatory in the form are correctly filled up.
  - All required documents are attached with the form.
- The Supervisor/ ANM should submit all complete and valid forms to the CDPO/MO (Health block).
- The AWW/ ASHA /ANM must keep a copy of the forms submitted to Supervisor/ANM and must record details in Form 4-B.

**Important:** In case LMP date is not recorded on MCP card, the application received after 460 days from the date of birth of the child are not eligible.

## 1.6 Bunching of Benefits:

The AWW/ASHA/ANM should refer to the guidelines mentioned below and the table to understand course of action in cases where the beneficiary submits the claim for more than one installment/ or directly for 2<sup>nd</sup> or 3<sup>rd</sup> installment.

Beneficiaries should apply preferably just after fulfilment of conditionalities to make proper use of the benefits received under the scheme towards meeting the scheme objectives. In case she could not apply within the normal time frame, the following may be considered:–

- i. No maternity claim under the scheme shall be admitted after 730 days of pregnancy. LMP registered in the MCP card will be the date of pregnancy to be considered in this respect.
- ii. The instalments may be claimed independently and not interlinked with each other, subject to fulfilment of eligibility criteria and conditionalities.
- iii. A beneficiary can apply, at any point of time but not later than 730 days of pregnancy, even if she had not claimed any of the instalments earlier but fulfils eligibility criterion and conditionalities for receiving benefits.
- iv. In cases where LMP date is not recorded in MCP card viz. a beneficiary is coming for claim of third instalment under the scheme, the claim in such cases must be submitted within **460 days** from the date of birth of the child beyond which period no claim shall be entertained.
- v. Under bunching of instalments, a number of combinations are possible. For the sake of clarity, the forms to be submitted and conditionalities to be verified are given in table below:

**Table: Bunching Combinations**

S.No	Case	Forms to be filled by Beneficiary	Verification by AWW/ASHA/ANM
1.	Beneficiary has not claimed the first instalment under the scheme and applies for claiming the <b>first instalment only</b> .	Form 1-A	<ul style="list-style-type: none"> <li>• Early registration of pregnancy within 150 days from the date of LMP</li> </ul>
2.	Beneficiary who has not claimed the first instalment under the scheme but applies directly for claiming the <b>second instalment only</b> .	Form 1-A; Form 1-B	<ul style="list-style-type: none"> <li>• At least one ANC</li> </ul>

S.No	Case	Forms to be filled by Beneficiary	Verification by AWW/ASHA/ANM
3.	Beneficiary who has not claimed the first instalment under the scheme and applies directly for claiming <b>both first and second instalments</b>	Form 1-A; Form 1-B	<ul style="list-style-type: none"> <li>• Early registration of pregnancy within 150 days from the date of LMP</li> <li>• At least one ANC</li> </ul>
4.	Beneficiary who has registered herself under the scheme and <b>claimed the first instalment</b> , and applies directly for claiming <b>the third instalment only</b> under the scheme	Form 1-C	<ul style="list-style-type: none"> <li>• Child Birth Registration</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute</li> </ul>
5.	Beneficiary who has registered herself under the scheme and <b>claimed the first instalment</b> , and applies directly for claiming <b>both second and third instalment together</b> under the scheme	Form 1-B; Form 1-C	<ul style="list-style-type: none"> <li>• At least one ANC</li> <li>• Child Birth Registration</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</li> </ul>
6.	Beneficiary who has <b>not claimed</b> the first and second instalment under the scheme and applies directly for claiming <b>the third instalment only</b> under the scheme	Form 1-A; Form 1-C	<ul style="list-style-type: none"> <li>• Early registration of pregnancy within 150 days from the date of LMP</li> <li>• Child Birth Registration</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</li> </ul>
7.	Beneficiary who has <b>not claimed</b> the first and second instalment under the scheme and applies directly for claiming <b>second and third instalment together</b> under the scheme	Form 1-A; Form 1-B; Form 1-C	<ul style="list-style-type: none"> <li>• At least one ANC</li> <li>• Child Birth Registration</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</li> </ul>
8.	Beneficiary has <b>not claimed</b> the first and second instalment under the scheme and applies directly for claiming <b>first, second and third instalment together</b> under the scheme	Form 1-A; Form 1-B; Form 1-C	<ul style="list-style-type: none"> <li>• Early registration of pregnancy within 150 days from the date of LMP</li> <li>• At least one ANC</li> <li>• Child Birth Registration</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute</li> </ul>

### 1.7 Form 2-A: Application for Aadhaar Seeding Of Bank Account of Beneficiary

The AWW/ ASHA /ANM has to facilitate seeding of the beneficiary's bank account with her Aadhaar number, in case it is not already seeded and the submission of this form to the concerned bank branch.

### 1.8 PART 2–B: Application for Aadhaar Seeding Of Post Office Account of Beneficiary

The AWW/ASHA/ANM has to facilitate seeding of beneficiary's Post Office Account with her Aadhaar number, in case it is not already seeded.

## 1.9 PART 2-C: Application for Aadhaar Enrolment and Correction Form

1. The AWW/ASHA/ANM has to facilitate enrolment of the beneficiary and/or the husband, in case they don't have it within 90 days of applying for benefits under the scheme. Aadhaar is also mandatory for claiming the third installment under the scheme.
2. The AWW/ASHA/ANM must inform the beneficiary/ husband (resident) that this form can be used also for correction of the details like address, phone number etc. that are registered with UIDAI.
3. AWW/ ASHA/ ANM has to help the beneficiary correctly fill up the form using the following guidelines:

Field 2 <b>NPR NUMBER</b>	Beneficiary/ husband (Resident) may bring his/her National Population Register Survey slip (if available) and fill up the column.
Field 3 <b>NAME</b>	Write full name without salutations/titles. Please bring the original* Proof of Identity (POI) document. (See list A below). Variation in Resident's Name in contrast to PoI is permissible as long as the change is minor spelling only, without altering the Name in PoI document. For Example: If Resident's PoI reads "Preeti", then "Priti" can be recorded if Resident wants so.
Field 5 <b>DOB / AGE</b>	Fill in Date of Birth in DDMMYYYY format. If exact Date of Birth is not known, approximate age in Years may be filled in the space provided. Please bring the original Proof of Date of Birth (DoB), if available. (See list D below). Declared checkbox may be selected if Resident does not have a valid proof of Date of Birth document. Verified checkbox is selected where Resident has provided documents as proof of Date of birth.
Field 6 <b>ADDRESS</b>	Write complete address. Please bring the original Proof of Address (POA) document. (See list B below). Please note that the Aadhaar letter will be delivered at the given address only. <ul style="list-style-type: none"> <li>• To include Parent / Guardian / Husband name as part of the address, select the appropriate box and enter the name of the person.</li> <li>• Minor Corrections / Enhancements are permissible to make the address complete without altering the base address as mentioned in the POA document.</li> </ul>
Field 7 <b>RELATIONSHIP</b>	<ul style="list-style-type: none"> <li>• In case of children below 5 years, it is mandatory to provide father/mother/guardian details with their Aadhaar or EID number.</li> <li>• If the resident is not holding a Proof of Identity &amp; using the Head of the Family identity for enrolment, it is mandatory to provide Head of the family's details with his/her Aadhaar or EID number. Please refer illustration below for filling EID. Please bring the original Proof of Relationship (POR) document. (See list C below).</li> <li>• For other cases, it is optional for the resident to fill up the relationship details.</li> </ul>
Field 8 <b>DOCUMENTS</b>	Write the name of Documents for PoI and PoA. In case proof of Date of Birth is available, then write the name of Date of Birth document. If the resident is not holding a Proof of Identity & using the Head of Family based enrolment, then write the name of Proof of Relationship document. For Valid list of documents, please refer list of Documents below.
Field 9 <b>INTRODUCER/ HoF</b>	Resident who does not have POI and POA may get enrolled through an Introducer/ Head of Family. Pl contact nearest enrolment centre or your Registrar, for further details.



### List A. POI documents

<ol style="list-style-type: none"> <li>1. Passport</li> <li>2. PAN Card</li> <li>3. Ration/ PDS Photo Card</li> <li>4. Voter ID</li> <li>5. Driving License</li> <li>6. Government Photo ID Cards/ service photo identity card issued by PSU</li> <li>7. NREGS Job Card</li> <li>8. Photo ID issued by Recognized Educational Institution</li> <li>9. Arms License</li> <li>10. Photo Bank ATM Card</li> <li>11. Photo Credit Card</li> <li>12. Pensioner Photo Card</li> <li>13. Freedom Fighter Photo Card</li> <li>14. Kishan Photo Passbook</li> <li>15. CGHS / ECHS Photo Card</li> <li>16. Address Card having Name and Photo issued by Department of Posts</li> <li>17. Certificate of Identify having photo issued by Gazetted Officer or Tehsildar on letterhead</li> <li>18. Disability ID Card/handicapped medical certificate issued by the respective State/UT</li> </ol> <p>Governments/Administrations</p>
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### List B. POA documents

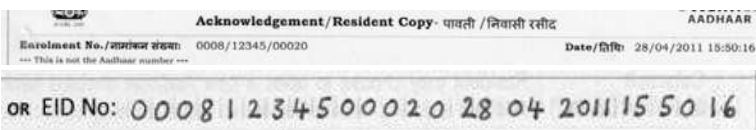
<ol style="list-style-type: none"> <li>1. Passport</li> <li>2. Bank Statement/ Passbook</li> <li>3. Post Office Account Statement/ Passbook</li> <li>4. Ration Card</li> <li>5. Voter ID</li> <li>6. Driving License</li> <li>7. Government Photo ID cards/ service photo identity card issued by PSU</li> <li>8. Electricity Bill (not older than 3 months)</li> <li>9. Water bill (not older than 3 months)</li> <li>10. Telephone Landline Bill (not older than 3 months)</li> <li>11. Property Tax Receipt (not older than one year)</li> <li>12. Credit Card Statement (not older than 3 months)</li> <li>13. Insurance Policy</li> <li>14. Signed Letter having Photo from Bank on letterhead</li> <li>15. Signed Letter having Photo issued by registered Company on letterhead</li> <li>16. Signed Letter having Photo issued by Recognized Educational Institution on letterhead</li> <li>17. NREGS Job Card</li> <li>18. Arms License</li> <li>19. Pensioner Card</li> <li>20. Freedom Fighter Card</li> </ol>
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<ol style="list-style-type: none"> <li>21. Kishan Passbook</li> <li>22. CGHS / ECHS Card</li> <li>23. Certificate of Address having photo issued by MP or MLA or Gazetted Officer or Tehsildar on letterhead</li> <li>24. Certificate of Address issued by Village Panchayat head or its equivalent authority (for rural areas)</li> <li>25. Income Tax Assessment Order</li> <li>26. Vehicle Registration Certificate</li> <li>27. Registered Sale / Lease / Rent Agreement</li> <li>28. Address Card having Photo issued by Department of Posts</li> <li>29. Caste and Domicile Certificate having Photo issued by State Govt.</li> <li>30. Disability ID Card/handicapped medical certificate issued by the respective State/UT Governments/Administrations</li> <li>31. Gas Connection Bill (not older than 3 months)</li> <li>32. Passport of Husband</li> <li>33. Passport of Parents(in case of Minor)</li> <li>34. Allotment letter of accommodation issued by Central/State Govt. of not more than 3 years old</li> <li>35. Marriage Certificate issued by the Government, containing address.</li> </ol>
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### List C. POR documents

<ol style="list-style-type: none"> <li>1. PDS Card</li> <li>2. MNREGA Job Card</li> <li>3. CGHS/State Government/ECHS/ESIC Medical card</li> <li>4. Pension Card</li> <li>5. Army Canteen Card</li> <li>6. Passport</li> <li>7. Birth Certificate issued by Registrar of Birth, Municipal Corporation and other notified local government bodies like Taluk, Tehsil etc.</li> <li>8. Any other Central/State government issued family entitlement document</li> <li>9. Marriage Certificate Issued by the Government.</li> </ol>
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### List D. DOB documents

<ol style="list-style-type: none"> <li>1. Birth Certificate</li> <li>2. SSLC Book/Certificate</li> <li>3. Passport</li> <li>4. Certificate of Date of Birth issued by Group A Gazetted Officer on Letterhead</li> </ol>
<ol style="list-style-type: none"> <li>5. PAN Card</li> <li>6. Mark sheet issued by any Govt. Board or University</li> <li>7. Govt. Photo ID Card/Photo Identity card issued by PSU containing DoB.</li> <li>8. Central/State Pension payment order.</li> <li>9. Central Govt. Health Service Scheme photo card or Ex-Servicemen</li> </ol>
<p><b>Instructions for filling up EID Number</b></p>  <p>The screenshot shows an Aadhaar Acknowledgement/Resident Copy with the following details: Enrolment No./निवासी संख्या: 0008/12345/00020, Date/दिनांक: 28/04/2011 15:50:16. The OR EID No. is 0008123450002028042011155016.</p>

### 1.10 Form 3: Form for updating beneficiary details:

The AWW/ ASHA /ANM has to assist the beneficiary in filling up the form for updating her registered details under the scheme. The beneficiary will be required to fill and submit this form at the AWC/ Village in any of the following circumstances:

1. Her present address changes.
2. Her mobile number changes.
3. Her bank account details change because it was not seeded to Aadhaar or she seeded a new bank account with Aadhaar or any other reason.
4. Her name as in Aadhaar has been updated.
5. Her Aadhaar number has been allotted and she wishes to provide same in place of Alternate Identity given at time of registration.

The above mentioned cases may also result in rejection of application for a beneficiary. AWW/ ASHA /ANM will receive a list of such beneficiaries from their respective supervisor/ANM and they need to assist such beneficiaries to update the required details.

The following guidelines have to be adhered to while filling up the form:

1. The beneficiary must fill her name as given during Registration under the scheme in Form 1 -A.
2. The beneficiary must fill the 12 digit Aadhaar number of the beneficiary or her Aadhaar Enrolment ID Number, as given during Registration under the scheme in Form 1 -A.
3. The beneficiary must be helped to fill up the AWC/ Village name by the AWW/ASHA/ANM.
4. The beneficiary must be helped to fill up the AWC/ Village code by the AWW/ASHA/ANM.
5. The beneficiary must be helped to fill up the name of AWW/ASHA/ANM by the AWW/ASHA/ANM.
6. The beneficiary must tick which details are required to be updated. She may update more than one type of detail through the same form.
7. The beneficiary must fill appropriate details in the form. The old as well as the new details must be filled up.

#### **Important:**

- The AWW/ ASHA /ANM must inform the beneficiary that she must keep the acknowledgement safely.
- The Supervisor / ANM must submit these forms to the project office for beneficiary details update in the system.
  - The field functionary filling up the form must ensure that all the mandatory documents are enclosed along with the forms to be submitted and 'Y' is written in case it is enclosed and 'NA' in case it is not applicable.
  - The AWW/ ASHA /ANM must submit all such forms to her Supervisor / ANM.
  - The Supervisor/ANM must verify that all the details provided in the form have been correctly entered. She has to fill up her name before signing with the Date and Sector Code.
  - The AWW/ ASHA /ANM must fill, sign and give the acknowledgement to the beneficiary

- The AWW/ ASHA /ANM must keep a copy of the forms submitted to Supervisor/ANM and must update details in Form 4-B.

### **1.11 Form 4: Monthly Record of Beneficiaries**

Form 4 series is for maintaining the monthly extract of the beneficiaries for easy retrieval/ updation of information of the PMMVY beneficiary by the AWW/ASHA/ANM. This shall be maintained in triplicate and at the beginning of every month two copies after updation of all records shall be submitted to Supervisor/ANM. For this, the State/UT may provide printed register.

### **1.12 Form 4-A: Register Format for Recording Beneficiary Details For the Reporting Month**

This form is the cover page of Monthly Progress Report (MPR) for the reporting month.

- A. The AWW/ ASHA /ANM must fill up the details each month and submit two signed copies of this record for a particular month along with Form 4-B for that particular month to the Supervisor/ANM concerned at the beginning of next month. The original copy shall be retained in the register. The date of submission to ANM/Supervisor needs to be mentioned in the copy as well as the original monthly record.
- B. The Supervisor/ANM needs to collect the two copies of MPRs from each of the AWCs/Villages under their jurisdiction and hand over one copy after signature to the CDPO/MO of their jurisdiction and retain a copy for their record.

**Important:** LGD code stands for Local Government Directory (LGD; <http://www.lgdirectory.gov.in>.) application which is a standard location directory that also provides an online mechanism for updating the same up to Gram Panchayat and village level. Under this system, a village is assigned a code which can be verified from the above mentioned website. The CDPOs/MOs should provide a printed copy of this code to all AWCs/Villages/ Approved Health Facilities for their ready reference. The advantage of LGD is that suppose there are five villages under the jurisdiction of CDPO by name of Rampur. It will be difficult to identify them by name but by assigning code they can uniquely identified. This also helps when new districts are created.

### **1.13 Form 4-B: Monthly Status of PMMVY Beneficiaries Registered At AWC/Village/ Approved Health Facility**

- A. Serially record the Status of all beneficiaries from the previous month who have not exited from the scheme. Thereafter record the fresh cases during the month.
- B. This Form will serve as the PMMVY register for a year for AWC/ Village as well as MPR for a particular month for the jurisdiction concerned.
- C. The record is to be filled up every month by the AWW/ ASHA /ANMs to report the details for all the beneficiaries facilitated by her during the given month.
- D. The field functionary maintaining this record must update it for each beneficiary on receiving the reports/information from the CDPO through the Supervisor/ANM.
- E. A beneficiary's progress is tracked in this form each month until she exits from scheme.
- F. Two signed copies of this record for a particular month needs to be handed over to the Supervisor/ ANM concerned at the earliest in next month. The date of submission to ANM/Supervisor needs to be mentioned in the copy as well as the original monthly record.

- G. The Supervisor/ANM needs to collect the two copies of MPRs from each of the AWCs/Villages under their jurisdiction and hand them over to the CDPO/MO of their jurisdiction.
- a. The Supervisor/ANM needs to sign and mention the date of submission at CDPO/MO.
- H. The AWW/ASHA/ANM should adhere the following guidelines while filling up the monthly record:
- **Col 2 & 4: Name & Category**
    - This should be the same as information from Form 1-A form for a particular beneficiary.
  - **Col 3: Aadhaar Number or Alternate ID number**
    - This should be the same as information from Form 1-A form for a particular beneficiary. In case beneficiary has received Aadhaar number later, the same must be updated here.
  - **Col 5 & 6: Status in Reporting Month**
    - The current status of the woman – whether the woman is Pregnant or Lactating and what is her month of Pregnancy or Lactation will be written here. P- 8 means the woman is 8 months pregnant. L-4 means the woman is 4 months lactating. E.g., if a woman is P-6 in February, she will be P-7 in March and so on.
  - **Col 7-9: Type of Beneficiary:**
    - Whether the beneficiary is continuing from previous month or is a new entrant needs to be ticked in the respective Columns. E.g., tick in Col. 7 if she was a beneficiary in previous month also. Tick in Col. 8 if the beneficiary is a new entry because she is newly pregnant. Tick in Col. 9 if the beneficiary is a new entry because she has migrated in the area.
  - **Col 10-12: Instalment(s):**
    - In that particular month, write currently which instalment is pending (Col. 10) and due (Col. 11) to the beneficiary and which instalment has the beneficiary received (Col. 12). Write '0' / '1<sup>st</sup>' / '2<sup>nd</sup>' / '3<sup>rd</sup>', in the respective columns.
    - Pending (Col. 10) is to be filled for all beneficiaries whose payment is pending.
      - Pending means that the beneficiary had fulfilled conditionality for receiving a particular instalment last month but has not received instalment even after 1 month of fulfilling the conditionality.
      - If multiple instalments are pending, suppose 1<sup>st</sup> and 2<sup>nd</sup>, then the column should be filled as '**1<sup>st</sup> ; 2<sup>nd</sup>**'
    - Due (Col. 11) is to be filled for all beneficiaries whose payment is due.
      - Instalment due means instalment for which the beneficiary has fulfilled the conditionality this month.
      - If multiple instalments are due, suppose 2<sup>nd</sup> and 3<sup>rd</sup>, then the column should be filled as '**2<sup>nd</sup> ; 3<sup>rd</sup>**'
    - Received (Col. 12) is to be filled for all beneficiaries whose payment has been received. The CDPO/MO shall send the list of payments and rejections along with reasons to each AWC/Approved Health facility and details will be updated in this form.
      - Received means that beneficiary has received the instalment in this month.
      - If multiple instalments are received, suppose 1<sup>st</sup> and 2<sup>nd</sup>, then the column should be filled as '**1<sup>st</sup> ; 2<sup>nd</sup>**'
    - Important: The instalment pending and received in that particular month can be more than one.
  - **Col 13: Bank Account /Post office Account Number:**
    - The Bank Account /Post office Account Number of Beneficiary is to be filled here after verification from the original/photocopy of the passbook.

- **Col 14: Mobile Number:**
  - The beneficiaries' mobile number needs to be entered in this column.
- **Col 15: Reason for exit from Scheme:**
  - When the beneficiary exits from the Scheme, write the code for the reason of exit. Example:
    - o Write '0' in case she has received all due instalments,
    - o Write '1' in case she has migrated out.
    - o Write '2' in case of death of beneficiary during the Scheme period.
    - o Write '3' if case of death of infant of beneficiary between birth and 6 months of age.
    - o Write '4' in case the beneficiary is not traceable for six weeks.
    - o Write '5' in case the beneficiary suffers from a still birth.
    - o Write '6' in case the beneficiary suffers from a miscarriage
- **TOTAL:**
  - Calculate totals from Col. 5 and 7-12 and 15, as indicated. For Col 10-12, against 1st, the total number of beneficiaries for whom 1st is written is to be counted.
  - In case, 1st and 2nd both are written, each will be counted and so on.
- This abstract should be made by the 3<sup>rd</sup> of every month, when the Form 4 -B of the register is filled. Details of number of women of each status are available in Col 4 & 5 of Form 4 -B of register. E.g., if there are 4 women whose status is P6 in Col 4 & 5, then 4 will be written against P6. The total of monthly abstract should be same as total of Col 4 of Form 4 -B of register.
- This abstract will give an overview of the status-wise (E.g., P8, L4, etc.) number of beneficiaries in every month. This will also reflect clearly as to how many women are due for instalments in the month. E.g., women with status P7 will be due for 1<sup>st</sup> instalment and women with status L4 will be due for 2<sup>nd</sup> instalment if conditions are fulfilled. Women with status L6 will be due for 3<sup>rd</sup> instalment in next month. These numbers should tally with Col 10 of Form 4 -B of register.
- **Abstract of the Month:**
  - After filling-up the details in Form 4 -B of the Register i.e., the monthly record of beneficiaries under PMMVY, write an abstract of number of Pregnant and Lactating women status-wise in the format given below of Form 4 -B of register:

MONTH: _____	
Number of Pregnant Women (P)	Number of Lactating Women (L)
P1 -	L1 -
P2 -	L2 -
P3 -	L3 -
P4 -	L4 -
P5 -	L5 -
P6 -	L6 -
P7 -	
P8 -	
P9 -	
<b>Total P:</b> _____	<b>Total L:</b> _____
<b>Grand Total (P+L):</b> _____	

## ROLES & RESPONSIBILITIES AT VARIOUS LEVELS

### 1. Roles and Responsibilities of Anganwadi Worker (AWW)

#### 1.1 Information Dissemination

Understand the details of the PMMVY Scheme and create awareness about scheme to eligible women within their jurisdiction and use any promotional material that is provided for the purpose.

#### 1.2 Identification of Potential Beneficiaries

Identification of potential beneficiaries has to be done through regular activities of AWW such as home survey, health visits/camps and interaction with potential beneficiaries who may visit the Anganwadi, as well as examination of registers maintained in the Anganwadi and participation in VHSND.

#### 1.3 Assist Beneficiaries for Registration under the Scheme

- a. Determine which form(s) need to be filled up by the beneficiary.
- b. Help beneficiary to fill-up the form(s) completely and make necessary attachments as required.
- c. If the beneficiary has yet to comply with conditionalities as per the scheme, facilitate the same by coordinating with the Local Health Worker.
- d. If the beneficiary/ her husband does not have an Aadhaar number, help them to get enrolled.
- e. If the beneficiary does not have a Bank account or Post Office account, help her in account opening.

#### 1.4 Acceptance and Verification of Form(s)

- a. Ensure that all required documents are attached with the respective form(s) as mentioned in the scheme guidelines.
- b. Ensure that the bank/ Post-office account provided during registration in the scheme belongs to the beneficiary only.
- c. Ensure that the beneficiary submits the same ID proof that she had registered with at the time of claim of subsequent instalments.
- d. Ensure that the beneficiary provides Aadhaar details as soon as it is available.

#### 1.5 Acknowledgement and PMMVY Register Entry

- a. Provide acknowledgment of form receipt by signing on the relevant portion of the form along with rubber stamp of Anganwadi (if available).
- b. Enter each of the form(s) so received in the prescribed PMMVY Register in order of date of receipt of form(s).

#### 1.6 Submission of Form(s) to Supervisor

- a. Make bundles of all form(s) received in the same order of PMMVY register entry.
- b. Submit the form(s) to the Supervisor and obtain signature from supervisor in the form register. Ensure that the Supervisor verifies each of the form(s) before affixing their signature.

- c. Form(s) should be handed over to the supervisor within 7 days or earlier from the date of receipt.
- d. Keep a photocopy of the filled form(s) to be maintained at the AWC/ Village. In absence of a Xerox machine, she must fill the details on another form without taking the signature of the beneficiary.

### **1.7 Corrections to Form(s) already submitted**

- a. Application form(s) would be returned back to AWW on account of incorrect Aadhaar details (Beneficiary and/or Husband) and/or incorrect Bank/ Post-office account/ Post Office Account details.
- b. The AWW should contact the applicant and necessary corrections to the form(s) are to be made using a Fresh form.
- c. The Fresh form along with the Old form(s) should be submitted to the supervisor for processing within 30 days of its receipt.
- d. In the event of migration of applicant, a message is to be sent to the applicant if feasible.

### **1.8 Maintaining the PMMVY Register**

- a. The AWW must make an entry in the PMMVY register as soon as a beneficiary has submitted the registration form.
- b. This register must be updated regularly for each application submitted by the beneficiary as soon as she fulfils the eligibility criteria for future Instalments.
- c. Changes to the address, mobile number, Aadhaar number, bank/ Post-office account/ post office account number must be entered promptly.
- d. For those beneficiaries who are already registered under the old MBP (IGMSY), a fresh entry with all details will have to be made in the PMMVY Register.
- e. For beneficiaries who have newly migrated into the locality or have migrated out of the locality should be recorded in the PMMVY Register if it comes to the knowledge of the AWW as part of their routine work.
- f. In the event of any corrections in the beneficiary details for form(s) already submitted, an entry must be made in the PMMVY Register against the beneficiary name along with the new date of submission.
- g. In the event of a miscarriage or still birth, the same should be recorded in the PMMVY Register if it comes to the knowledge of the AWW as part of their routine work.
- h. Information received from the Supervisor regarding the status of registration, payments to the beneficiary and rejections should be recorded in the PMMVY Register.

### **1.9 Dissemination of Beneficiary Payments, Grievance Handling**

- a. Each month, a list of beneficiaries who have received payments would be provided by the Child Development Project Office; intimation to the beneficiary is to be given by the AWW with a request to verify their account for same.
- b. A monthly report (MPR) (Copy of Form-4 of register) must be submitted to the supervisor for discussion and validation during the monthly meetings and submission to the Project Office/Health Block Office.

- c. Usually, grievance would be pertaining to delayed or incorrect payments. If this is the case, then details should be recorded and discussed with the supervisor during fortnightly/monthly meetings for resolution of the same.
- d. All queries and issues for which the AWW doesn't have appropriate or complete knowledge should be escalated to the supervisor.

#### **1.10 Promoting Scheme objective**

- a. AWW shall promote health seeking behaviour among beneficiaries, advise them for adequate rest before and after delivery and timely vaccination of the child.
- b. AWW shall spread awareness about health seeking behaviour through VHSND meeting.
- c. AWW should encourage beneficiaries of the scheme to get their ANC done under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA). The PMSMA initiative provides antenatal care services to pregnant women by Obstetrician/Gynaecologist / Radiologist/ Physicians at approved health facilities, with support from private sector doctors.

#### **1.11 Proper maintenance of record**

- a. The forms submitted by beneficiary contains sensitive personal information such as Aadhaar number, bank/post office account, medical history etc. Such details should be kept in safe custody in lock and key. The records may be destroyed as per procedure given in guidelines.
- b. The forms should be handed over to authorised persons only.

## **2 Roles and Responsibilities of Anganwadi Helper (AWH)**

- a. AWH will create awareness and distribute promotional material, if any, available at AWC.
- b. She will assist AWW in identification of potential beneficiary.
- c. She will inform beneficiary about the camps organised at AWC for enrolment of Aadhaar, opening of bank account, vaccination etc.
- d. She will promote objective of the scheme such as health seeking behaviour, advice for rest before and after delivery, regular check-up etc.

## **3 Roles and Responsibilities of ASHA/ANM**

### **3.1 Information Dissemination**

Understand the details of the PMMVY Scheme and create awareness about scheme to eligible women within her jurisdiction and use any promotional material that is provided for the purpose.

### **3.2 Identification of Potential Beneficiaries**

Identification of potential beneficiaries is to be done through activities such as interactions with local Anganwadis, active participation in VHSND by Health workers.

### **3.3 Assist Beneficiaries for Registration under the Scheme**

- a. Determine which form(s) need to be filled up by the beneficiary.



- b. Help beneficiary to fill-up the form(s) completely and make necessary attachments as required.
- c. If the beneficiary has yet to comply with conditionalities as per the scheme, facilitate the same by coordinating with the Local Health Worker.
- d. If the beneficiary/ her husband does not have an Aadhaar number, help them to get enrolled.
- e. If the beneficiary does not have a Bank account or Post Office account, help her in account opening.

### **3.4 Acceptance and Verification of Form(s)**

- a. Ensure that all required documents are attached with the respective form(s) as mentioned in scheme guidelines.
- b. Ensure that the bank/ Post-office account provided during registration belongs to the beneficiary only.
- c. Ensure that the beneficiary submits the same ID proof that she had registered with at the time of claim of subsequent instalments.
- d. Ensure that the beneficiary provides Aadhaar card as soon as it is available.
- e. If the above tasks are done by an ASHA worker, then it has to be ensured that the form(s) are provided to the concerned ANM for acceptance and cross verification. Alternatively if the above tasks are done by an ANM, then the acceptance and verification formalities can be completed by the ANM.

### **3.5 Acknowledgement and PMMVY Register Entry**

- a. Health worker to provide acknowledgment of form receipt by signing on the relevant portion of the form along with rubber stamp of Health Facility (if available).
- b. The acknowledgement slips can be sent back through the respective ASHA worker back to the beneficiaries in the event there is no direct interaction with the beneficiary.
- c. Enter each of the form(s) so received in the prescribed PMMVY Register (that is generally maintained at the Health Facility) in order of date of receipt of form(s).

### **3.6 Submission of Form(s) for Processing**

- a. Make bundles of all verified and acknowledged form(s) in the same order of PMMVY register entry.
- b. Submit the form(s) to the ANM (in case of submission by ASHA) and obtain signature from the accepting authority.
- c. Form(s) should be handed over by registering authority to next authority within one week from date of registration/ from the date of receipt of forms.
- d. Keep a photocopy of the filled form(s) to be maintained at the AWC/ Village. In absence of a Xerox machine, she must fill the details on another form without taking the signature of the beneficiary.

### **3.7 Corrections to Form(s) already submitted**

- a. Application form(s) would be returned back to ANM on account of incorrect Aadhaar details (Beneficiary and/or Husband) and/or incorrect Bank/ Post-office account/ Post Office Account details, which in turn will be handed over to the concerned ASHA worker.

- b. The ASHA should contact the applicant and necessary corrections to the form(s) are to be made using a Fresh form.
- c. The Fresh form along with the Old form(s) should be submitted to the ANM for processing within 30 days of its receipt.
- d. In the event of migration of applicant, a message is to be sent to the applicant if feasible.

### **3.8 Maintaining the PMMVY Register**

- a. An entry in the PMMVY register should be made as soon as a beneficiary has submitted the registration form. The register must be updated regularly for each application submitted by the beneficiary as soon as she fulfils the eligibility criteria for future Instalments.
- b. Changes to the address, mobile number, Aadhaar number, bank/ Post-office account/ post office account number must be entered promptly.
- c. For those beneficiaries who are already registered under the old MBP (IGMSY), a fresh entry with all details will be made in the PMMVY Register.
- d. For beneficiaries who have newly migrated into the locality or have migrated out of the locality should be recorded in the PMMVY Register if it comes to the knowledge of the ASHA/ANM as part of their routine work.
- e. In the event of any corrections in the beneficiary details for form(s) already submitted, an entry must be made in the PMMVY Register against the beneficiary name along with the new date of submission.
- f. In the event of a miscarriage or still birth, the same should be recorded in the PMMVY Register.
- g. Information received from the higher processing authority regarding the status of registration, payments to the beneficiary and rejections should be recorded in the PMMVY Register.
- h. Two copies of monthly records/MPR (Form-4 of Register) must be made of which one must be submitted to the Health Block Office and one must be kept with the ANM.

### **3.9 Dissemination of Beneficiary Payments & Grievance Handling**

- a. Each month, a list of beneficiaries who have received payments would be provided by the Health Block Office; intimation to the beneficiary is to be given by the ASHA with a request to verify their account for same.
- b. A monthly report must be prepared in the prescribed format based on the information available in the PMMVY Register for discussion during the monthly meetings.
- c. Usually, grievance would be pertaining to delayed or incorrect payments. If this is the case, then details should be recorded and discussed with the higher processing authority during fortnightly/monthly meetings for resolution of the same.
- d. All queries and issues raised by the beneficiaries to the ASHA/ANM has to be responded in consultation with the higher processing authorities, unless such information is available with them.

### **3.10 Promoting scheme objective**

- a. ASHA/ ANM shall promote health seeking behaviour among beneficiaries, advise them for adequate rest before and after delivery and timely vaccination of the child.

- b. ASHA/ ANM shall spread awareness about health seeking behaviour through VHSND meeting.
- c. ASHA/ ANM should encourage beneficiaries of the scheme to get their ANC done under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA). The PMSMA initiative provides antenatal care services to pregnant women by Obstetrician/Gynaecologist / Radiologist/ Physicians at approved health facilities, with support from private sector doctors.

### **3.11 Proper maintenance of record**

- a. The forms submitted by beneficiary contains sensitive personal information such as Aadhaar number, bank/ post office account, medical history etc. Such details should be kept in safe custody in lock and key. The records may be destroyed as per procedure given in guidelines.
- b. The forms should be handed over to authorised persons only

## **4 Roles and Responsibilities of Supervisor/ANM**

In the case of WCD/ Social Welfare the sector in-charge is the supervisor. In the case of Health/ Health and Family Welfare Department ANM or a suitable equivalent level as applicable in the state shall be designated as the supervisor.

### **4.1 Training and Scheme Facilitation of AWW/AWH/ASHA/ANM**

- a. The Supervisor must train the AWW/AWH/ASHA/ANM under her to explain the detailed guidelines of the PMMVY. Follow up sessions must be conducted at regular intervals in order to convey any changes in the scheme guidelines and to resolve any queries.
- b. The enabling requirements for the scheme implementation such as adequacy of staff, coordination activities, stationery etc. are available for smooth operations.

### **4.2 Collection, Verification and Acknowledgement of Form(s)**

- a. Organize to collect the form(s) from the Anganwadi Centre/ Health Facilities every week.
- b. Check that the form(s) collected, have been duly verified and entered in the PMMVY Register.
- c. Cross check the details with record available at AWC / Health facility.
- d. Ensure all required documents are attached with the respective form(s) as mentioned in scheme guidelines.
- e. In case of any problems identified in the above steps, the Supervisor must get the details corrected through the AWW/Health Worker.
- f. Ensure that all acknowledgements have been given to the beneficiaries.
- g. Acknowledge the receipt of forms from AWW/ Health worker.

### **4.3 Submission of the Form(s) at Project Office/ Health Block Office**

- a. Submit the form(s) collected from all Anganwadi Centre/Health Facilities at the Project Office/Health Block Office for further processing on the IT System.
- b. Collect form(s) from the Project Office/Health Block Office that have been rejected by the IT system so as to get them corrected through the respective Anganwadi Centre/ Health Facility.

#### **4.4 Monitoring Activities**

- a. Collect the monthly reports/MPR from the AWWs/ASHAs/ANMs and submit a signed copy to the Project Office/ Health Block Office.
- b. Ensure that the AWWs/ASHAs maintain a record of the submitted monthly reports and sign against it ensuring that the report has been submitted by AWW/ASHAs/ANMs.
- c. Collect the report Anganwadi Centre/ Village/ Health Facility on status of registration in IT system and payment of beneficiaries from the Project Office/ Health Block Office. Give a copy of the report to the respective AWWs/ASHAs/ANMs and retain a copy for records.

#### **4.5 Handling Exceptional Cases**

- a. As per the status report received from Project Office/ Health Block Office, ensure that necessary steps are taken by the AWW/ASHA for all beneficiaries whose registration or payment has failed due to incorrect or incomplete information.
- b. Keep a record of updates in details of the beneficiaries.

#### **4.6 Grievance Handling and Escalation**

- a. Solve all queries of the AWW/ASHA/ANM related to conditions and guidelines of the scheme.
- b. Keep a record of these queries.
- c. If there are recurring queries from AWWs/ASHAs/ANMs, try to explain the same to them through an orientation session in the upcoming fortnightly meeting.
- d. For queries for which the Supervisor/ANM has limited knowledge or no knowledge like the payment status of a particular beneficiary, get relevant information from the Project Office/ Health Block Office and inform the AWW/ASHA at the earliest.

#### **4.7 Proper maintenance of record**

- a. The forms submitted by beneficiary contains sensitive personal information such as Aadhaar number, bank/ post office account, medical history etc. Such details should be kept in safe custody in lock and key. The records may be destroyed as per procedure given in guidelines.
- b. The forms should be handed over to authorised persons only.

### **5 Roles and Responsibilities officer at Block/Project level implementing PMMVY**

For the States/UTs implementing the scheme through WCD/Social Welfare Department, Project under Anganwadi services will be the unit for entering data into IT system.

For the States/UTs implanting scheme through Health/Health and Family Welfare Department, Health block will be the unit from where data will be entered into the system.

The States/ UTs may designate an officer at Health Block level for administering the scheme. The officer at project level (CDPO), in case of States/UTs implementing the scheme through WCD/social welfare department, and medical officers designated at the level of health block, in case of States/UTs implanting scheme through Health/Health and Family Welfare Department, will be sanctioning authority for the amount to be credited in account of beneficiaries.

## 5.1 General Responsibilities

- a. Plan and manage the successful scheme operation at the block/Project level.
- b. Ensure the availability of IT Systems (Hardware and Internet Connectivity), qualified personnel for data entry, and Stationery (Beneficiary Form(s), PMMVY Registers etc.) at the Block Level and with supervisors and Anganwadi centres.
- c. Ensure proper and regular training is provided on the scheme to all the personnel associated with the system.
- d. Review performance and trends in benefit disbursements.
- e. Prepare budgetary projections for their block/Project and submit to the respective district nodal officer.
- f. Coordinate with all respective stakeholders at the Block/ Project Level to ensure the success of the scheme and ensure all activities of the Block Level PMMVY Cell are carried out properly.
- g. Facilitate rectification of any data errors (and follow up actions thereon) resulting from system malfunction or security breach for their block, as per agreed protocols.
- h. Inform the District Nodal Officer in case of leaves of absence, in order to maintain tight control of access to the software solution.

## 5.2 Collection of Form(s) from Supervisor/ANM

- a. Consolidate the form(s) from the Supervisors and organize them in Anganwadi/Health facility wise bundles for ease of data entry.
- b. Check that the form(s) are duly signed by the supervisors and all required documents are attached before data entry. If a form is not signed, the form must be immediately returned to the Supervisor for completion and re-submission.

## 5.3 Data Entry in PMMVY System

- a. Enter the data from the form(s) into the system.
- b. The data must be entered from the photocopies attached as far as possible, especially Aadhaar/ ID Number, Bank Office / Post Office account number.
- c. In case of any unresolved discrepancy between the filled form(s) and the photo copies, must be returned to Supervisors/ANMs for corrective action.
- d. In case only Form 1-B or Form 1-C of a beneficiary, who is not registered in the system, are received, return the form(s) to the Supervisor/ ANM with the reason of incomplete documents. It is mandatory to fill Registration Form for any new beneficiary under the scheme irrespective of the instalment being claimed.
- e. If a beneficiary comes for re-registration (cases of still birth or miscarriage or any other reason), check that the husband name and ID is the same as recorded in the system. If not, the form must be rejected.
- f. The exit reason, for the identified beneficiary, must be entered in the system from the monthly performance report received for the respective month.
- g. Before sanctioning, the details may be rechecked and update the discrepancies.

- h. Refer to the User Manual of the software for any queries.

#### **5.4 Updating Beneficiary Details in System**

- a. For the records which are rejected and become part of the correction queue, cross check the details of the list of beneficiaries in the correction queue with their documents and make required changes.
- b. In case of UIDAI and PFMS verification errors in a beneficiary record, write the rejection reason captured in the software on the physical form of the beneficiary.
- c. Make Anganwadi Centre/ Health Facility wise bundles of erroneous physical form(s) and handover to respective Supervisor/ANM for corrective action.
- d. Update the correct details of beneficiaries in correction queue after updated details are received from the Supervisor/ANMs.
- e. Make update in beneficiary details in the system, if Beneficiary Details Update Form 3 is received for any beneficiary from the supervisors/ANMs.
- f. Update beneficiary exit cases based on Anganwadi wise monthly reports received from supervisors/ ANMs.

#### **5.5 Approvals of Beneficiary Registration and Instalment Claims**

- a. Regularly log into the PMMVY software application and approve the registrations and instalment claims of the beneficiaries after verification of data entered.
- b. Cross check if the data entered matches the physical form(s) received especially for the exceptional cases.
- c. Reject the registration records of the beneficiaries, which are found to be erroneous and provide guidance on rectifications.
- d. All the approved records must fulfil the conditions laid down in the scheme guidelines.

#### **5.6 Reports Generation**

- a. Generate an Anganwadi Centre/ Village wise registration and payment status report and handover to respective Supervisor/ANM
- b. For any report generated Aadhaar Number of beneficiary should be masked in xxxx xxxx 1234 format.

#### **5.7 Storage of Physical Form(s)**

- a. All the original physical form(s) and monthly reports which have been entered in the system must be stored/need to be stored in a safe place by the officials in possession of the document (Field Functionaries, CDPO/MO) and will be shared/ transferred with/to an authorized personnel only, if the sharing/transfer is justified under the guidelines of the scheme.
- b. Make Anganwadi Centre/ Health Facility wise bundles of form(s) and keep them safely under lock and key.
- c. The documents should be shredded after two years from the date of archiving of document.
- d. Aadhaar and Bank/ Post Office details of any beneficiary must never be made accessible to any unauthorized person. All physical documents with Aadhaar details must be kept confidential.

## **5.8 Periodic Review of PMMVY Implementation**

- a. Conduct field visits to Anganwadi Centres/ Health facilities on a quarterly basis and check a random sample of records to ensure that all registers and reports are maintained regularly in required formats.
- b. Meet some beneficiaries in order to understand any issues related to the scheme.
- c. Create reports of such visits and highlight any critical issues to the DNO for corrective action.

## **5.9 Grievance Handling and Escalation**

- a. Maintain a detailed log of all queries received from the field functionaries.
- c. Assist the Supervisors in resolving these issues.
- d. Escalate any unresolved issues to the District Nodal Officer which are out of the scope of CDPO/ Health Block Office.
- e. Analyse the nature of issues and organize sessions for field functionaries for recurring problems.
- f. Report any system related issues to the state level helpdesk if they can't be resolved through the user manual.
- g. DNO, as convener of Block/ Project level monitoring committee will ensure that all the pending issues/ grievances are brought to the notice of the monitoring committee.

## **6. Roles and Responsibilities of District Nodal Officer (DNO)**

The States/ UTs may designate an officer at district level as District Nodal Officer (DNO). The roles and responsibilities of the DNO shall be:

### **6.1 General Responsibilities**

- a. Plan and administer the scheme operation at the district level.
- b. Ensure the availability of IT Systems (Hardware and Internet Connectivity), appropriate data, and qualified personnel.
- c. Ensure comprehensive training is provided to all the personnel regarding the system and the scheme.
- d. Prepare budgetary projections in consultation with the block level authorities and get the same approved.
- e. Review district expenditures, performance and trends in benefit disbursements.
- f. Coordinate all activities of the District Level PMMVY Cell and ensure implementation of the action items.
- g. Facilitate the payment of incentives to the field functionaries as maybe applicable under the scheme.
- h. Facilitate rectification of any data errors (and follow up actions thereon) resulting from system malfunction or security breach for their district, as per agreed protocols.

## **6.2 Setup in the PMMVY System**

- a. Maintain the block/Project level information in the system along with mapping it with the Field Functionaries within their district.
- b. Setup the authorized users at the Block/Project Level who will have the power to sanction approvals of benefits under the scheme.
- c. Manage work allocation of sanctioning authorities during absence and handover/takeover to ensure tight control of access to the software solution.
- d. Coordinate any requirements related to technical support with the state technical team.

## **6.3 Grievance Handling**

- a. Ensure all cases escalated to him are cleared on a fortnightly basis.
- b. Ensure all queries and cases outside his functional jurisdiction should be brought to the attention of the State/UT Nodal Officer.
- c. DNO, as convener of the District level monitoring committee will ensure that all the pending issues / grievance brought to notice of monitoring committee.

## **7. Roles and Responsibilities of State/UT Nodal Officer (SNO)**

The States/ UTs may designate an officer at State/UT level as State Nodal Officer (SNO). The roles and responsibilities of the SNO shall be:

### **7.1 General Responsibilities**

- a. Serve as the focal person for the scheme at the State/UT level.
- b. Plan and administer the scheme at the State/UT level.
- c. Ensure timely and adequate availability of personnel, IT and other resources for the smooth operations and submission of monthly report in Form 5-A.
- d. Conduct in-depth analysis of the scheme performance and provide guidance to districts within their State/UT that are lagging behind to ensure high performance levels, with particular attention to delayed, incorrect and non-payments.
- e. Manage work allocation of district nodal officers during absence and handover/takeover to ensure tight control of access to the software solution.
- f. Facilitate and manage the incentive payments to the Field functionaries (wherever applicable).
- g. Authorize rectification of any data errors (and follow up actions thereon) resulting from system malfunction or security breach for their State/UT, as per agreed protocols.
- h. Address any issues arising from the old MBP (IGMSY) scheme and rollover of the cases to PMMVY as per scheme guidelines.
- i. In the event of handing over of charge, orient the new officer who would be taking over the responsibility for this position.



## **7.2 Initial Activities for Launch of PMMVY**

- a. Obtain necessary approvals and open the State/UT Escrow Account.
- b. Plan and implement comprehensive training of all field personnel regarding the PMMVY Scheme and PMMVY-CAS, including identification of master trainers at the State/UT level and getting them geared for state level training and technical support.
- c. Provide updated master data for the PMMVY-CAS.
- d. District Level User setup for State/UT users in the PMMVY-CAS.
- e. Setup and Coordinate all activities of the State/UT Level PMMVY Cell.
- f. Setup and Operationalize the State/UT Level Technical Helpdesk for PMMVY CAS.

## **7.3 Payments and Fund Management**

- a. Operate and manage the state escrow account for payment of benefits to beneficiaries.
- b. Interact with the state treasury for all other expenditures, as maybe applicable.
- c. Coordinate to ensure timely availability of both Central and State/UT Funds related to the scheme.
- d. Manage district wise budgeting exercises for the entire State/UT, including re-appropriation of budgets.
- e. Process payments to beneficiaries in the PMMVY-CAS and PFMS.
- f. Facilitate exception management of non-payments at the State/UT level by interacting with Banks, Post Offices etc.

## **7.4 Grievance Handling and Escalation**

- a. Ensure all grievance cases escalated to him are cleared on a fortnightly basis.
- b. Analyse problems encountered and recommend systemic solutions.
- c. Ensure all queries and cases outside his functional jurisdiction should be brought to the attention of the Central Nodal Officer.
- d. Manage the State/UT Level Technical Support Desk for the system.
- f. SNO, as convener of the State/UT level monitoring committee shall ensure that all the pending issues / grievance brought to notice of monitoring committee

## **8. Roles and Responsibilities of Central Nodal Officer (CNO)**

MWCD may designate one officer as Central Nodal Officer (CNO). The roles and responsibilities of CNO shall be:

### **8.1 General Responsibilities**

- a. Serve as the focal person for the scheme at the national level.
- b. Plan and administer the scheme at the national level by coordinating with respective State/UT Implementing Departments for Implementation of PMMVY Scheme.
- c. Ensure timely and adequate availability of all Central IT Infrastructure and Human Resources for the smooth operations.
- d. Ensure close coordination with the following agencies:
  - i. NIC, UIDAI, PFMS, DBT Portal, SDA (Software Development Agency) for smooth running of the PMMVY-CAS.
  - ii. Respective State Implementing Departments for Implementation of PMMVY-CAS.
- e. Conduct in-depth analysis of the scheme performance and provide guidance to the States/UTs to ensure targeted performance levels.
- f. Critically examine working of the solution and work towards closure of unresolved, systemic and process issues.

### **8.2 Initial Setup of PMMVY Requirements**

- a. Ensure all the State/UT Nodal Officers have created their respective State/UT Escrow Account.
- b. Ensure nomination of State/UT nodal officers in each of the States/UT.
- c. Setup of all national level users and state nodal officers in the PMMVY-CAS.
- d. Setup and Coordinate all activities of the National PMMVY Cell.

### **8.3 PMMVY IT Solution related responsibilities**

- a. Provide guidance from the functional operations side in the event of routine maintenance, any major system problem and/or security breach.
- b. Authorize all changes to the PMMVY-CAS and update the fund release on PMMVY-CAS.
- c. Assign system management login ID and password to technical personnel handling the IT solution and their regular monitoring.
- d. Address any issues pertaining to the external agencies for the smooth functioning of the PMMVY-CAS.
- e. Approve rectification of any data errors (and follow up actions thereon) resulting from system malfunction or security breach requiring attention at the national level in consultation with States/UTs, as per agreed protocols.

#### **8.4 Payments and Fund Management**

- a. Plan for the periodic Scheme Budget through national level budgeting exercises.
- b. Plan and organize for Scheme Funds Availability through coordination with IFD of MWCD.
- c. Ensure timely release of funds to respective States/UTs as per the scheme budget.
- d. Closely monitor and intervene for release of State's/UT's share of scheme funds.
- e. Monitor the Funds Utilization by respective States/UTs and make timely budgetary provision for the States/UTs depending upon their funds utilization.

#### **8.5 Grievance Handling and Escalation**

- a. Ensure all cases escalated to him are resolved on a timely basis.
- b. Ensure successful management of the National Level Technical Support Desk for the system.

## Notification in accordance with Section-7 of the Aadhaar Act, 2016

रजिस्ट्री सं० डी० एल०-33004/99

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अधिसूचना

नई दिल्ली, 4 अगस्त, 2017

**का.आ. 2489(अ).**—मेवाओं या फायदों या सहायिकियों के परिदान के लिए एक पहचान दस्तावेज के रूप में आधार का उपयोग सरकारी परिदान प्रक्रियाओं का सरलीकरण करता है, पारदर्शिता और दक्षता लाता है और फायदाग्राहियों को सुविधापूर्वक और निर्बाध रीति में उनकी हकदारियों को सीधे प्राप्त करने में समर्थ बनाता है और आधार किसी व्यक्ति की पहचान को साबित करने के लिए बहुल दस्तावेज प्रस्तुत करने की आवश्यकता को समाप्त करता है।

और, भारत सरकार के महिला और बाल विकास मंत्रालय (जिसे इसमें इसके पश्चात मंत्रालय कहा गया है) गर्भवती महिलाओं और स्तनपान कराने वाली माताओं के लिए मजदूरी हानि के लिए आंशिक प्रतिकर के रूप में नकद प्रोत्साहन देकर उनमें बेहतर स्वास्थ्य की मांग वाले व्यवहार के उद्देश्य से केन्द्र द्वारा प्रायोजित एक सशर्त नकद अंतरण स्कीम अर्थात् "प्रधानमंत्री मातृ वंदना स्कीम" (पीएमएमवीवाई) (जिसे इसमें इसके पश्चात स्कीम कहा गया है) चला रहा है ताकि महिला अपने बच्चे के प्रसव से पहले और बाद में पर्याप्त रूप से आराम कर सके।

और, सरकार तथा पब्लिक सेक्टर उपक्रमों (केन्द्रीय और राज्य सरकार, दोनों के अधीन) के कर्मचारी अथवा तत्समय प्रवृत्त किसी भी विधि के अधीन वैसे ही फायदा प्राप्त कर रही कोई भी महिला (जिसे इसमें इसके पश्चात फायदाग्राही कहा गया है) को छोड़कर कोई भी पात्र गर्भवती महिला और स्तनपान कराने वाली माता विद्यमान स्कीम के दिशा-निर्देशों में अधिकथित शर्तों के अनुसार प्रथम जीवित बच्चे के लिए 5000/- रुपए का नकद फायदे के लिए हकदार होगी।

और, स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा चलाई जा रही जननी सुरक्षा स्कीम (जेएसवाई) के अधीन मातृत्व फायदा के प्रति स्वीकृत मानदंडों के अनुसार पात्र फायदाग्राही संस्थागत प्रसव के बाद नकद प्रोत्साहन की शेष राशि प्राप्त करेगी ताकि एक महिला औसतन छह हजार रुपए की राशि प्राप्त कर सकेगी।

और, उपरोक्त स्कीम में भारत की संचित निधि से उपगत आवर्ती व्यय अंतर्बलित है,

अतः अब, केन्द्रीय सरकार, आधार (वित्तीय और अन्य सहायिकियों, प्रसूविधाओं और मेवाओं का लक्षित परिदान) अधिनियम, 2016 (2016 का 18) (जिसे इसमें इसके पश्चात उक्त अधिनियम कहा गया है) की धारा 7 के उपबंधों के अनुसरण में निम्नलिखित अधिसूचित करती है, अर्थात् –

4751 GI/2017

(1)

1. (1) स्कीम के अधीन फायदा प्राप्त करने के लिए इच्छुक प्रत्येक फायदाग्राही से यह अपेक्षा है कि वह आधार नम्बर होने का सबूत प्रस्तुत करे या स्वयं और अपने पति की बायत आधार अधिप्रमाण प्रक्रिया पूरी करे।
- (2) स्कीम के अधीन फायदा प्राप्त करने के लिए इच्छुक कोई भी पात्र फायदाग्राही जिसके पास आधार संख्या नहीं है अथवा जिसने अभी तक अपना आधार के लिए नामांकन नहीं करवाया है, को यथास्थिति आंगनवाड़ी केन्द्रों अथवा प्राथमिक स्वास्थ्य केन्द्रों पर रजिस्ट्रीकरण कराने के 90 दिन के भीतर आधार नामांकन के लिए आवेदन करना होगा बशर्ते कि वह अधिनियम की धारा 3 के उपबंधों के अनुसार आधार प्राप्त करने का हकदार हो और ऐसा व्यष्टि आधार नामांकन के लिए किसी भी आधार नामांकन केन्द्र (सूची यूआईडीएआइ की वेबसाइट [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध है) पर जा सकता है।
- (3) यदि पात्र फायदाग्राही का पति स्कीम के अधीन फायदा प्राप्त करने का इच्छुक है और उसके पास आधार संख्या नहीं है अथवा उसने अभी तक आधार के लिए अपना नामांकन नहीं करवाया है, तो उसे यथास्थिति आंगनवाड़ी केन्द्रों अथवा प्राथमिक स्वास्थ्य केन्द्रों पर पंजीकरण कराने के 90 दिन के भीतर आधार नामांकन के लिए आवेदन करना होगा बशर्ते कि वह अधिनियम की धारा 3 के उपबंधों के अनुसार आधार प्राप्त करने का हकदार हो और ऐसा व्यष्टि आधार नामांकन के लिए किसी भी आधार नामांकन केन्द्र (सूची यूआईडीएआइ की वेबसाइट [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध है) पर जा सकता है।
- (4) आधार (नामांकन और अद्यतन) विनियम, 2016 के विनियम 12 के अनुसार स्कीम को कार्यान्वित करने के लिए जिम्मेदार राज्य सरकार अथवा संघ राज्य क्षेत्र के प्रशासनों के विभागों से ऐसे फायदाग्राही और उसके पति को नामांकन की सुविधाएं देना अपेक्षित है, जिन्होंने अभी तक आधार के लिए नामांकन नहीं करवाया है और यदि संबंधित ब्लॉक या तालुका या तहसील में कोई आधार नामांकन केन्द्र नहीं है तो स्कीम को कार्यान्वित करने के लिए जिम्मेदार राज्य सरकार अथवा संघ राज्यक्षेत्र प्रशासन के विभाग को यूआईडीएआइ के विद्यमान रजिस्ट्रारों के सहयोग से सुविधाजनक स्थानों पर नामांकन की सुविधाएं उपलब्ध करानी होंगी अथवा यूआईडीएआइ के रजिस्ट्रार बनकर आधार नामांकन के लिए सुविधाएं उपलब्ध करानी होंगी।

परन्तु जब तक फायदाग्राही अथवा उसके पति को अथवा दोनों को आधार समनुदेशित किए जाने के समय तक निम्नलिखित पहचान दस्तावेज प्रस्तुत करने के अधीन रहते हुए स्कीम के अधीन फायदा दिया जाता रहेगा, यथा -

- (क) (i) यदि उसने अपना नामांकन करवा लिया है तो उसका अथवा उसके पति का आधार नामांकन आई.डी. स्लिप या
- (ii) पैरा-2 के उप-पैरा-(2) में यथानिर्दिष्टानुसार उसके अथवा उसके पति द्वारा आधार नामांकन के लिए किए गए अनुरोध की एक प्रति और
- (ख) (i) बैंक अथवा डाकखाने की फोटो पासबुक; या (ii) मतदाता पहचान पत्र; या (iii) राशनकार्ड; या (iv) किलान फोटो पासबुक; या (v) पासपोर्ट; या (vi) चालन अनुज्ञति; या (vii) पैन कार्ड; या (viii) एमजीएनआरआईजीएस जाँच कार्ड; या (ix) सरकार या किसी पब्लिक सेक्टर उपक्रम द्वारा उसके पति को जारी कर्मचारी फोटो पहचान पत्र; या (x) राज्य सरकार अथवा संघ राज्य क्षेत्र प्रशासन द्वारा जारी कोई भी फोटो पहचान पत्र; या (xi) राजपत्रित अधिकारी द्वारा अपने सरकारी लैटरहेड पर जारी फोटो सहित पहचान पत्र; या (xii) प्राथमिक स्वास्थ्य केन्द्र द्वारा जारी स्वास्थ्य कार्ड; या (xiii) राज्य सरकार अथवा संघ राज्य क्षेत्र प्रशासन द्वारा विनिर्दिष्ट कोई अन्य दस्तावेज; और
- (ग) इस आशय का एक बचनबंध कि पात्र महिला अथवा उसका पति किसी अन्य आंगनवाड़ी केन्द्र अथवा प्राथमिक स्वास्थ्य केन्द्र से स्कीम के अधीन कोई मातृत्व फायदा नहीं ले रहे हैं।

परन्तु यह और कि राज्य सरकार या संघ राज्यक्षेत्र प्रशासन द्वारा उस प्रयोजन के लिए अभिहित अधिक द्वारा उपरोक्त दस्तावेजों की जांच की जा सकेगी।

परन्तु वह भी कि यदि यथास्थिति पात्र महिला और उसके पति में से कोई भी अथवा दोनों के द्वारा आधार संख्या अथवा नामांकन आई.डी. प्रस्तुत नहीं की जा रही है तो शेष संबंधित व्यष्टि (यों) से यह अपेक्षित है कि स्कीम की तीसरी किस्त के लिए पात्र बनने हेतु वे या तो नामांकन आई.डी. प्रस्तुत करें अथवा आधार नम्बर प्रस्तुत करें अथवा यथा-विनिर्दिष्ट नामांकन सुविधा केन्द्र, पर नामांकन आई.डी. लेने के लिए नामांकन हेतु उपस्थित हों। किन्तु

- जो स्कीम को कार्यान्वित करने के लिए जिम्मेदार राज्य सरकार या संघ राज्यक्षेत्र प्रशासन के विभाग द्वारा आयोजित केन्द्र तक ही सीमित न हो,
2. फायदाग्राहियों को सुविधाजनक और निर्बाध फायदे उपलब्ध कराने की दृष्टि से स्कीम को कार्यान्वित करने के लिए जिम्मेदार राज्य सरकार या संघ राज्य क्षेत्र प्रशासन के विभाग सभी अपेक्षित व्यवस्थाएं करेगा, जिसके अंतर्गत निम्नलिखित भी हैं, अर्थात्-
    - (1) स्कीम के संभावित फायदाग्राहियों को बाल विकास परियोजना अधिकारियों, पर्यवेक्षकों, आंगनवाड़ी केंद्रों, प्राथमिक स्वास्थ्य केन्द्रों के कार्यालय के माध्यम से स्थानीय भूमिदा और व्यक्तिगत सूचना के माध्यम से व्यापक प्रचार किया जाएगा ताकि वे स्कीम के अधीन आधार की आवश्यकता के बारे में जागरूक हो सकें और उन्हें परामर्श दिया जाए कि यदि उन्होंने पहले से नामांकन नहीं करवाया हुआ है तो वे अपने इलाकों में उपलब्ध नजदीकी नामांकन केंद्रों में आधार के लिए बहु स्वयं तथा साथ ही अपने पति का नामांकन करवाए स्थानीय रूप से उपलब्ध नामांकन केंद्रों की सूची उन्हें उपलब्ध कराई जाएगी।
    - (2) यदि पति महिला और उसके पति या उनमें से कोई भी, यथास्थिति, जॉक वा तालुका या तहसील में नामांकन केंद्र उपलब्ध न होने के कारण स्कीम के अधीन अपने नामांकन नहीं करवा पाए हैं तो स्कीम को कार्यान्वित करने के लिए राज्य सरकार या संघ राज्य क्षेत्र प्रशासन का संबंधित विभाग उपयुक्त सुविधाजनक स्थानों पर आधार नामांकन सुविधाएं उपलब्ध कराएगा और यथास्थिति, पति महिला और उसका पति या उनमें से किसी से भी अनुरोध किया जाएगा कि इस प्रयोजन के लिए स्कीम को कार्यान्वित करने के लिए जिम्मेदार राज्य सरकार अथवा संघ राज्य क्षेत्र प्रशासन द्वारा विशेष रूप से अभिहित संबंधित अधिकारी अथवा बैंक-पोर्टल के माध्यम से पैराग्राफ-1 के उप-पैरा (4) के प्रथम परन्तुक में यथा-विनिर्दिष्ट अपने नाम, पता, मोबाइल नम्बर और अन्य विवरण देकर आधार नामांकन के लिए अपना अनुरोध रजिस्ट्रीकृत कराए।
  3. यह अधिसूचना असम, मेघालय और जम्मू-कश्मीर राज्य के सिवाय सभी राज्यों तथा संघ राज्य क्षेत्रों में इसके प्रकाशन की तारीख से प्रभावी होगी।

[सं. 13-7/2016-एमबीपी]

डॉ. राजेश कुमार, संयुक्त सचिव

## MINISTRY OF WOMEN AND CHILD DEVELOPMENT

## NOTIFICATION

New Delhi, the 4th August, 2017

S.O. 2489(E).—Whereas, the use of Aadhaar as identity document for delivery of services or benefits or subsidies simplifies the Government delivery processes, brings in transparency and efficiency, and enables beneficiaries to get their entitlements directly to them in a convenient and seamless manner and Aadhaar obviates the need for producing multiple documents to prove one's identity;

And, whereas, the Ministry of Women and Child Development (hereinafter referred to as the Ministry) in the Government of India is administering a Centrally Sponsored Conditional Cash Transfer Scheme called 'Pradhan Mantri Matru Vandana Yojana (PMMVY)' (hereinafter referred to as the Scheme) for the pregnant women and lactating mothers with an objective of improved health seeking behaviour amongst them, by providing them cash incentive as a partial compensation for the wage loss so that the woman can take adequate rest before and after the delivery of their child;

And whereas, any eligible pregnant woman and lactating mother excluding the employee of the Government and Public Sector Undertakings (both under Central and State Governments) or those who are in receipt of similar benefits under any law for the time being in force (hereinafter referred to as the beneficiary), are entitled for cash benefits of Rs.5,000/- (hereinafter referred to as the benefit) for the first living child, as per the conditions laid down in the extant Scheme guidelines;

And whereas, the eligible beneficiaries shall receive the remaining cash incentive as per approved norms towards Maternity Benefit under Janani Suraksha Yojana (JSY), administered by the Ministry of

Health & Family Welfare in the Government of India, after institutional delivery so that on an average, a women shall get rupees six thousand;

And whereas, the aforesaid Scheme involves recurring expenditure incurred from the Consolidated Fund of India;

Now, therefore, in pursuance of the provisions of section 7 of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 (18 of 2016) (hereinafter referred to as the said Act), the Central Government hereby notifies the following, namely:—

1. (1) Every beneficiary desirous of availing the benefits under the Scheme is hereby required to furnish proof of possession of Aadhaar number or undergo Aadhaar authentication in respect of self and her husband.
- (2) Any eligible beneficiary desirous of availing the benefits under the Scheme, who herself does not possess the Aadhaar number or has not yet enrolled for Aadhaar, shall have to make application for Aadhaar enrolment within ninety days of registration at Anganwadi Centers or Primary Health Centres, as the case may be, provided she is entitled to obtain Aadhaar as per section 3 of the said Act and such individual may visit any Aadhaar enrolment centre [list available at Unique Identification Authority of India (UIDAI) website [www.uidai.gov.in](http://www.uidai.gov.in)] to get enrolled for Aadhaar.
- (3) If the husband of the eligible beneficiary is desirous of availing the benefits under the Scheme and does not possess the Aadhaar number or has not yet enrolled for Aadhaar, he shall have to make application for Aadhaar enrolment within ninety days of registration at Anganwadi Centers or Primary Health Centres, as the case may be, provided she is entitled to obtain Aadhaar as per section 3 of the said Act and such individual may visit any Aadhaar enrolment centre [list available at Unique Identification Authority of India (UIDAI) website [www.uidai.gov.in](http://www.uidai.gov.in)] to get enrolled for Aadhaar.
- (4) As per regulation 12 of the Aadhaar (Enrolment and Update) Regulations, 2016, the Department of the State Government or Union territory Administration responsible for implementing the Scheme is required to offer enrolment facilities for the beneficiary and her husband who are not yet enrolled for Aadhaar and in case there is no Aadhaar enrolment centre located in the respective Block or Taluka or Tehsil, the Department of the State Government or Union territory Administration responsible for implementing the Scheme shall provide enrolment facilities at convenient locations in coordination with the existing Registrars of UIDAI or may provide Aadhaar enrolment facilities by becoming UIDAI Registrar.

Provided that till the time Aadhaar is assigned to either beneficiary or her husband or to both of them, benefits under the Scheme shall be given to such beneficiary subject to the production of the following identification documents, namely:—

- (a) (i) if enrolled, her or her husband's Aadhaar Enrolment ID slip; or  
(ii) a copy of her or her husband's request made for Aadhaar enrolment, as specified in subparagraph (2) of paragraph 2, and
- (b) (i) Bank or Post Office photo passbook; or (ii) Voter ID Card; or (iii) Ration Card; or (iv) Kishan Photo Passbook; or (v) Passport; or (vi) Driving License; or (vii) PAN Card; or (viii) MGNREGS job Card; or (ix) her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking; or (x) Any other Photo Identity Card issued by State Governments or Union territory Administrations; or (xi) Certificate of identity with photograph issued by a Gazetted Officer on official letterhead; or (xii) Health Card issued by Primary Health Centre (PHC) or Government Hospital; or (xiii) any other document specified by the State Government or Union territory Administration; and
- (c) an undertaking that the eligible woman or her husband are not availing maternity benefits under the Scheme from any other Anganwadi Centre or Primary Health Centre:

Provided further that the above documents shall be checked by an officer designated by the State Government or Union territory Administration for that purpose:

Provided also that in case of Aadhaar number or Enrolment ID is not being provided by either or both the eligible woman and her husband, as the case may be, the relevant remaining person(s) shall be required to either provide Enrolment ID or Aadhaar number or appear for enrolment to get enrolment ID at the enrolment facilities including but not limited to those organised by the Department of the State Government or Union territory Administration responsible for implementing the Scheme to become eligible for the third instalment of the Scheme.

2. In order to provide convenient and hassle free benefits to the beneficiaries, the Department of the State Government or Union territory Administration responsible for implementing the Scheme, shall make all the required arrangements including the following, namely:—

(1) Wide publicity through local media and individual notices through the offices of Child Development Project Officers, Supervisors, Anganwadi Centres, Primary Health Centres shall be given to the prospective beneficiaries of the Scheme to make them aware of the requirement of Aadhaar under the Scheme and they may be advised to get herself as well as her husband enrolled for Aadhaar at the nearest enrolment centres available in their areas, in case they are not already enrolled. The list of locally available enrolment centres shall be made available to them.

(2) In case, both the eligible woman and her husband or any one of them, as the case may be, under the Scheme are not able to enroll due to non-availability of enrolment centres in the Blocks or Talukas or Tehsils, the concerned Department responsible for implementation of the Scheme in the State Government or Union territory Administration shall provide Aadhaar enrolment facilities at convenient locations and both the eligible woman and her husband or any of them, as the case may be, may be requested to register their requests for Aadhaar enrolment by giving their names, addresses, mobile numbers and other details as specified in the first proviso to sub-paragraph (4) of paragraph 1, with the concerned officials specifically designated by the State Government or Union territory Administration responsible for implementation of the Scheme or through the web portal provided for the purpose.

3. This notification shall come into effect from the date of its publication in all States and Union territories except the State of Assam, Meghalaya and the State of Jammu and Kashmir.

[No. 13-7/2016-MBP]

Dr. RAJESH KUMAR, Jt. Secy.



### Means for Verification of the Conditionalities

Condition	Means of Verification
<b>First Instalment</b>	
<ul style="list-style-type: none"> <li>• Early Registration of Pregnancy. (within 150 days from the date of LMP)</li> </ul>	<ul style="list-style-type: none"> <li>• MCP card duly certified by officer / functionary of Health Department not below the rank of ANM</li> </ul>
<b>Second Instalment</b>	
<ul style="list-style-type: none"> <li>• Received at least one Antenatal Check-up (can be claimed after 6 months of pregnancy)</li> </ul>	<ul style="list-style-type: none"> <li>• MCP card duly certified by officer / functionary of Health Department not below the rank of ANM</li> </ul>
<b>Third Instalment</b>	
<ul style="list-style-type: none"> <li>• Child birth is registered.</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</li> </ul>	<ul style="list-style-type: none"> <li>• Photocopy of Birth Certificate (provisional) issued by competent authority of the State/UT.</li> <li>• MCP Card with immunization details duly by an officer/ functionary of Health Department not below the rank of ANMs.</li> </ul>

## PMMVY Cells

### 1. National PMMVY Cell

#### Composition

- i. Joint Secretary, PMMVY
- ii. Director, PMMVY
- iii. Director, NIC
- iv. Under Secretary, PMMVY
- v. National Programme Coordinator

#### Functions

- i. Provide techno-managerial support for roll-out of the scheme.
- ii. Issue need-based guidelines for effective implementation of the scheme.
- iii. Facilitate capacity building under the scheme.
- iv. Ensure timely release of funds to States/UTs.
- v. Set up a monitoring, review and evaluation system to monitor and evaluate the scheme.
- vi. Visit to States/UTs districts for monitoring the implementation of the scheme.
- vii. Converge, coordinate and facilitate advocacy and awareness generation on health and nutrition issues of pregnant women and lactating mothers.
- viii. Monitor State/UT PMMVY Cells.
- ix. Document progress, State initiatives and lessons learned.
- x. Monitoring of availability of funds in Escrow accounts of States/UTs.

### 2. State PMMVY Cell:

#### Composition

- i. Principle Secretary/ Secretary, PMMVY
- ii. Director, PMMVY
- iii. Nodal Officer, PMMVY
- iv. State Programme Coordinator

#### Functions

- i. Facilitate and monitor roll out of the scheme in the State/UT.
- ii. Facilitate issuance of State-specific guidelines for effective implementation of the scheme.

- iii. Conduct and coordinate need-based sensitization programs, training and refresher courses for all stakeholders/ service providers involved in implementation of the Scheme.
- iv. Ensure timely payment of benefits to beneficiaries.
- v. Ensure State/UT level and District-level PMMVY Steering and Monitoring committee are functional and meet regularly.
- vi. Coordinate with H&FW Department for adequate health supplies, ANC and vaccination.
- vii. Set up monitoring and supervision system for the scheme.
- viii. Field visits to monitor the implementation of the scheme.
- ix. Compile and review reports received from the districts and share with MWCD.
- x. Ensure monthly review meetings of district cell.
- xi. Liaise with Banks and Post offices for ensuring effective implementation of the Scheme.
- xii. Document best practices.
- xiii. Ensure setting up or coordination with Aadhaar enrolment centres for enrolment of beneficiary and her husband.

### **3. District PMMVY Cell**

#### **Composition**

- i. DPO/CMO
- ii. CDPOs/MOs
- iii. District Coordinator

#### **Functions**

- i. Operationalize PMMVY in all projects/ health blocks and AWCs/ Villages (including urban AWCs and mini AWCs).
- ii. Implement state-specific guidelines issued
- iii. Conduct training and refreshers for all stakeholders/service providers in the districts.
- iv. Facilitate regular district-level PMMVY Steering and Monitoring committee meetings.
- v. Coordinate with H&FW Department for timely ANC of beneficiaries and vaccination of children.
- vi. Compile the project-level reports received and prepare a monthly progress report for district.
- vii. Visit the AWC/ Villages to assess functioning of scheme.
- viii. Liaise with other Departments, Banks and Post offices for ensuring incentive reaches the beneficiary on time.
- ix. Coordinate with and inform the PMMVY State/UT Cell, as and when needed.
- x. Ensure setting up or coordination with Aadhaar enrolment centres for enrolment of beneficiary and her husband.

### Financial provisions under the PMMVY

1.	PMMVY Section/Cell at Centre*	
	a. Non-Recurring	` 8,70,000
	b. Recurring	` 4,14,40,000 per annum
2.	State/UT level PMMVY Cell*	
	a. Non-Recurring	` 4,85,000 per State/UT PMMVY Cell
	b. Recurring	` 1,75,60,000 per State/UT PMMVY Cell per annum
3.	District level PMMVY Cell*	
	a. Non-Recurring	` 2,88,000 per District PMMVY Cell
	b. Recurring	` 45,20,000 per District PMMVY Cell per annum
4.	Cost of Conditional Cash Transfer**	` 5000 per beneficiary
5.	Training, Capacity Building & IEC	Separate provisions have been made at Centre, State and Districts level
6.	Contingency	Separate provisions have been made at Centre, State and Districts level
7.	Flexi Funds	@ 10% of total expenditure in State/UT

\* Details in table on next page

\*\* Expenditure will depend on number of beneficiaries

## Budgetary norms for PMMVY Cells

### 1. National PMMVY Section/Cell

Sl. No.	Item	Amount (in `)
<b>I. Non-recurring Expenditure</b>		
1	Furniture and other office equipment (tables, chairs, cupboards, fax, Xerox machine, etc.)	4,00,000
2	Ten Computers/Laptops with Web Cam and UPS @ ` 35,000/- and ten Printers cum Scanners @ ` 12,000/-	4,70,000
	<b>Total Non-recurring Expenditure</b>	<b>8,70,000</b>
<b>II. Recurring Expenditure</b>		
3	<b>Staff Salary (Pre-revised)</b>	<b>per annum</b>
i)	1 Directors (` 37,400-67,000)+ GP 8,700	14,16,000
ii)	1 Under Secretary (` 15,600-39,100)+ GP 6,600	8,76,000
iii)	1 Section Officer (` 9,300-34,800)+ GP 4,800	7,68,000
iv)	1 Assistant (` 9,300-34,800)+ GP 4,600	7,32,000
v)	1 Accountant (` 9,300-34,800)+ GP 4,200	7,32,000
vi)	1 UDC/LDC (` 5,200-20,200) + GP 2,400	4,35,600
vii)	1 PS for Director (` 9,300-34,800)+ GP 4,800	7,68,000
viii)	1 PA for Under Secretary (Grade-C) (` 9,300-34,800)+ GP 4,200	7,32,000
ix)	1 Peon (` 4,400-7,440)+ GP 1800	1,80,000
x)	1 National Program Coordinator (Contractual) @ ` 80,000/-	9,60,000
xi)	1 Data Entry Operators (Contractual ) @ ` 20,000	2,40,000
	<b>Total Salary(A)</b>	<b>78,39,600</b>
4	Travel allowance for PMMVY staff at applicable Central Government rates (as per actual)	10,00,000
5	Administrative Expenses (water, electricity, postage, stationary, telephone with STD, etc.) @ ` 20,000 per month	2,40,000
6	Review Meetings, Research, Conference and Workshops	2,00,00,000
7	Information, Education and Communication	2,00,00,000
8	Miscellaneous Contingencies	2,00,000
	<b>Total (B)</b>	<b>4,14,40,000</b>
	<b>Total Recurring Expenditure (A+B)</b>	<b>4,92,79,600</b>

## 2. State PMMVY Cell

Sl. No.	Item	Amount (in `)
<b>I. Non-recurring Expenditure</b>		
1	Furniture and other office equipment (tables, chairs, cupboards, fax, Xerox machine, etc.)	2,50,000
2	Five Computers/Laptops with Web Cam and UPS @ ` 35,000/- and Five Printers cum Scanners @ ` 12,000/-	2,35,000
	<b>Total Non-recurring Expenditure</b>	<b>4,85,000</b>
<b>II. Recurring Expenditure</b>		
		<b>per annum</b>
3	<b>Staff Remuneration</b>	
i)	1 State Programme Coordinator (Contractual) @ ` 45,000 per month	5,40,000
ii)	1 Programme Assistant (Contractual) @ ` 25,000 per month	3,00,000
	<b>Total Salary (A)</b>	<b>8,40,000</b>
4	<b>Rent for hiring the space</b> (if not available within the premises of the State PMMVY Cell) @ ` 30,000 per month x 12 months (as per actuals)	3,60,000
5	Travel allowance for PMMVY staff at applicable State Government rates (as per actual)	5,00,000
6	Administrative Expenses (hiring of vehicle, water, electricity, postage, stationary, telephone with STD, Xeroxing, etc.) @ ` 1,00,000 per month	12,00,000
7	Capacity Building up to CDPO/Health Block level (for four days training in a year)	50,00,000
8	Information, Education and Communication Material for State/District level	1,00,00,000
9	Contingency for Miscellaneous expenses (including convening meetings etc.)	5,00,000
	<b>Total (B)</b>	<b>1,75,60,000</b>
	<b>Total Recurring Expenditure (A+B)</b>	<b>1,84,00,000</b>

### 3. District PMMVY Cell

Sl. No.	Item	Amount (in `)
<b>I. Non-recurring Expenditure</b>		
1	Furniture and other office equipment (tables, chairs, cupboards, fax, Xerox machine, etc.)	1,00,000
2	Four Computers /Laptop with Web Cam and UPS @ ` 35,000 and One Printers cum Scanners @ ` 12,000	1,88,000
	<b>Total Non-recurring Expenditure</b>	<b>2,88,000</b>
<b>II. Recurring Expenditure</b>		
3	<b>Staff Remuneration</b>	<b>per annum</b>
i)	1 District Coordinator (Contractual) @ ` 35,000 per month	4,20,000
ii)	1 Programme Assistant (Contractual) @ ` 20,000 per month	2,40,000
	<b>Total Salary (A)</b>	<b>6,60,000</b>
4	<b>Rent for hiring the space</b> (if not available within the premises of the District PMMVY Cell) @ ` 10,000 per month x 12 months (as per actuals)	1,20,000
5	Travel allowance for District PMMVY Cell staff at applicable State Government rates (as per actual)	1,00,000
6	Administrative Expenses (hiring of vehicle, water, electricity, postage, stationary, telephone with STD, Xeroxing, etc.) @ ` 25,000 per month	3,00,000
7	Capacity Building of Supervisors/ANMs and AWWs/ASHA (for four days training in a year)	20,00,000
8	Information, Education and Communication Material for District/Project level	10,00,000
9	Contingency for Miscellaneous expenses (including management of program at Block level etc.)	10,00,000
	<b>Total (B)</b>	<b>45,20,000</b>
	<b>Total Recurring Expenditure (A+B)</b>	<b>51,80,000</b>

Note: District cell in all districts

## Guidelines for Flexi-Funds within Centrally Sponsored Schemes

F.No. 55(5)/PF-II/2011  
Ministry of Finance  
Department of Expenditure  
Plan Finance-II Division

New Delhi, dated 6<sup>th</sup> September, 2016

### Office Memorandum

**Subject: Guidelines for Flexi-Funds within Centrally Sponsored Schemes.**

Reference is invited to this Department OM of even no. dated 6<sup>th</sup> January, 2014 on the subject mentioned above. It was stipulated that the Central Ministries should provide 10% of their budget under each CSS as a flexi-fund, except for schemes which emanate from a legislation or where the whole or a substantial proportion of the budgetary allocation is flexible.

2. Based on the recommendations of the Sub-Group of Chief Ministers and consultations with stake holders, NITI Aayog has issued instructions for Rationalization of CSS, vide OM No. O-11013/02/2015-CSS & CMC dated 17<sup>th</sup> August, 2016. As per para 6 of the said OM, flexi-funds available in each CSS has been raised from the current level of 10% to 25% for States, and 30% for UTs, of the overall annual allocation under each scheme.

3. These instructions will be applicable for Centrally Sponsored Schemes, except those which emanate from a legislation (e.g. MGNREGA), or, schemes where the whole or a substantial proportion of the budgetary allocation is flexible (e.g. Rashtriya Krishi Vikas Yojna, Border Area Development Program, Shyama Prasad Mukherjee Rurban Mission etc.). The provisions of this Department's OM No.55(5)/PF-II/2011 dated 6<sup>th</sup> January, 2014 *ibid* are substituted as follows:

#### **Objectives**

4. The flexi-fund component within the Centrally Sponsored Schemes can be used to achieve the following objectives:

- (i) To provide flexibility to States to meet local needs and requirements within the overall objective of any given Scheme at the sub-head level;
- (ii) To pilot innovation to improve efficiency within the overall objective of any given Scheme at the sub-head level;
- (iii) To undertake mitigation/ restoration activities in case of natural calamities, or to satisfy local requirements in areas affected by internal security disturbances.

#### **Fund Allocation and Approval**

5. States may, if they so desire, set aside 25% of any Centrally Sponsored Scheme (including the central and state share for any given scheme in a financial year) as flexi fund to be spent on any sub-scheme or component or innovation that is in line with the overall aim and objectives of the approved Scheme.

6. The States, who want to avail of the flexi-fund facility, should constitute a State Level Sanctioning Committee (SLSC) on the lines of RKVY to sanction projects or activities under the flexi-fund component. However, participation of the concerned Central Ministry would be mandatory in the SLSC before the flexi-fund facility is invoked under any Centrally Sponsored Scheme.



7. It may be noted that the Name, Acronym and the Logo are the core feature of any Centrally Sponsored Scheme, which must be retained for the flexi fund component as well. If the States change any of these core features, the central contribution will cease and the flexi fund component will become a purely state scheme.

#### **Use of flexi-funds**

8. The flexi-fund would continue to be part of the parent Centrally Sponsored Scheme. It may be operated at the level of the Scheme, Sub-scheme and its Components, but not at the level of the Umbrella Program, *for example*, flexi-funds can be spent on any sub-scheme or component, including creation of a new innovative component, under the primary education scheme, but cannot be used to move primary education funds to the higher education or to any other sector. However, it would be permissible to use flexi-funds to converge different schemes under an umbrella program to improve efficiency and effectiveness of outcomes, *for example*, nutrition mission can be used to converge anganwadi services with maternity benefits, and health care networks can be used to provide a continuum of health care services across the primary, secondary and tertiary levels.

9. It may also be noted that the purpose of flexi-funds is to enable the States to satisfy local needs and undertake innovations in areas covered by the Centrally Sponsored Schemes. Flexi-funds should not be used to substitute State's own schemes and project expenditures. It should also not be used for construction/repair of offices/residences for government officials, general publicity, purchase of vehicles/furniture for offices, distribution of consumer durables/non-durables, incentives/rewards for staff and other unproductive expenditures.

#### **Monitoring, Evaluation & Audit**

10. Web-based reporting for the use of flexi-funds may be designed by adding modules to the existing MIS. Outcomes (medium term) and outputs (short term) should be part of the MIS along with pictures/images and good practices to ensure greater transparency and learning across States.

11. Evaluation of flexi-funds may be done through the existing evaluation mechanism, including those set by the Ministries, NITI Aayog, or by independent third parties. Terms and conditions for evaluation may be designed in such a manner that outcomes of the Scheme as a whole, as well as the flexi-funds are well identified and measurable.

12. Flexi-funds within each CSS will be subject to the same audit requirements as the parent Centrally Sponsored Scheme, including audit by the Comptroller & Auditor General.

13. *These guidelines issue with the approval of the Finance Minister and come into force with immediate effect.*

  
(Arunish Chawla)

Joint Secretary to the Government of India

1. Secretaries, All Departments/Ministries, Government of India.
2. Chief Secretaries, All States/Union Territories.

## Banking Arrangements of the State/District Level implementing Agencies handling Central Sector/Centrally Sponsored Schemes

No.S-11012/3(1)/Bank/Ref. Case/2010/RBD/ 1699-1772  
 Government of India  
 Ministry of Finance  
 Department of Expenditure  
 Controller General of Accounts  
 Mahalekha Niyantrak Bhawan,  
 E-Block, GPO Complex,  
 INA, New Delhi-110023  
 Tel: 24665384, Fax: 24649365, e-mail : [sao-rbd@nic.in](mailto:sao-rbd@nic.in)

Dated : 10.11.2016

### Office Memorandum

Subject: Banking arrangements of the State/District Level Implementing Agencies handling Central Sector/Centrally Sponsored Schemes of various Ministries of Government of India.

The Department of Expenditure, M/o Finance has issued directions to all the Ministries that for the purpose of improved financial management in implementation of government funded schemes & for facilitating Just-in-Time releases and monitoring the usage of funds including information on its ultimate utilization, it is necessary for all Implementing agencies and Grantee Institutions to universally adopt Public Financial Management System (PFMS) platform. It further asks all the Ministries/Departments to take the following steps:

- (i) All Central Schemes should be mapped/configured and brought on the PFMS platform.
- (ii) All Implementing Agencies (IAs) receiving and utilizing funds need to be mandatorily registered on PFMS.
- (iii) Usage of PFMS modules should be made mandatory for all registered agencies for making payments, advances and transfers.
- (iv) All Departmental Agencies incurring expenditure in respect of Central Sector Schemes should register and compulsorily use the PFMS Modules.
- (v) All Grantee Institutions may be directed to adopt PFMS modules for making Payments/Transfers/Advance from Grants received from the Central govt. This will enable generation of on-line Utilisation Certificates for claiming funds from Central government.
- (vi) Ministries may also take action for integrating their respective systems/applications with the PFMS.

2. It further states that as per the approved Action Plan, all Central Ministries / Department should complete the full roll-out in respect of the Ministry / Department and Attached/Subordinate Offices by 31<sup>st</sup> October 2016 and all Grantee Institutions should complete the roll out by 31<sup>st</sup> March 2017.

3. The PFMS-Core Banking Solution Interface facilitates online validation of beneficiaries, and Agencies bank account details. Electronic payment files are generated through PFMS for three modes of payments, viz. Print Payment Advice (PPA), Digital Signature Certificate (DSC) and Corporate Internet Banking (CINB). At present, PFMS –CBS interface is operational with Public Sector Banks (26), Regional Rural Banks (50), and Private Sector Banks (10). PFMS has interface with India Post and RBI too.

4. In this context it has been observed by this office that the scheme guidelines of many of the schemes were formulated before the expansion of banking sector and the changes that

took place afterwards have not been incorporated on issues related to banking arrangements of the Implementing Agencies at various levels.

5. Further, the Scheme guidelines of some of the Ministries/ Departments are still limiting their scheme implementing agencies to Nationalised/ PSU Banks only due to presence of limiting banking clauses in their old scheme guidelines. In addition to this, few schemes due to absence of clarity on banking clause, get inclined on preferring PSU Banks rather than any scheduled commercial bank.


6. In this regard, this office, vide O.M. no. S-11012/3(1)/Ref Case 2010/1119-1179 dated 30.06.2015 had issued clarification on the government agency business and banking arrangements of autonomous bodies, prefunded schemes etc. This office had already clarified vide its above referred letter in consultation with Dept. of Financial Services on eligibility of Scheduled Commercial Private Sector Banks for participation in Pre-Funded Schemes and accordingly all concerned Departments/Ministries were advised to make enabling provisions within the scheme implementation guidelines and issue necessary instructions to grantee institutions at the earliest on inclusion of scheduled commercial banks.

7. The following category of banks operating in India and regulated under Banking Regulation Act 1949, which have been notified as Scheduled Commercial Banks can handle accounts of Implementing Agencies/ Autonomous Bodies/Societies.

- (i) State Bank of India and its associates
- (ii) Nationalised Banks (PSU Banks)
- (iii) – Regional Rural banks
- (iv) Other Scheduled Commercial Banks (Private Sector Banks)

8. All the Ministries/Departments are therefore, requested to consider the above mentioned facts and clarifications and have a relook at the scheme guidelines relating to the banking arrangements of the Implementing Agencies/Autonomous Bodies/Societies and make necessary changes, if required, so that all the Scheduled Commercial Banks (except Foreign Banks) are able to participate fully in the implementation of their schemes with the universal roll out of the release of grants through PFMS.

This issues with the approval of Controller General of Accounts.

  
(Dr. Shakuntla)  
Jt. Controller General of Accounts

To,

1. Financial Advisors of all the Ministries/Departments of Central Government.
2. Pr.CCA/CCA/CA with independent charge of all Ministries/Departments.

Copy to:

1. Jt. Controller General of Accounts (PFMS), O/o CGA, Shivaji Stadium Annexe, New Delhi-110001.
2. Sr. Accounts Officer, ITD, O/o CGA with the request to upload this OM on the office website.

## REPORTS FROM PMMVY-CAS

- a) The officer at Project/ Health Block level will generate an Anganwadi Centre /Village wise registration and payment status report and handover to respective Supervisor/ANM.
  - i. Copy of these reports shall be displayed at the notice board of AWC/ Village/ Approved Health Facility for information of beneficiaries.
  - ii. These reports should be used by the field functionary to update the records in the PMMVY register.
- b) In case of UIDAI and PFMS verification errors in a beneficiary record, the rejection reason captured in the software will be written by the officer on the physical form of the beneficiary concerned.
  - i. The officer will need to make Anganwadi Centre/ Village/ Health Facility wise bundles of erroneous physical form(s) and handover to respective Supervisor/ANM for corrective action.
  - ii. As per the status report received from Project Office/ Health Block Office, the Supervisor/ANM ensure that necessary steps are taken by the AWW/ASHA/ANM for all beneficiaries whose registration or payment has failed due to incorrect or incomplete information.
  - iii. The AWW/ASHA/ANM should contact the applicant and necessary corrections to the form(s) are to be made using a Fresh form.
  - iv. The Fresh form along with the Old form(s) should be submitted to the Supervisor/ANM for processing within 30 days of its receipt.
  - v. In the event of migration of applicant, a message is to be sent to the applicant if feasible.
- c) For any report generated Aadhaar Number, Bank Account, Mobile Number of beneficiary should be masked in xxxx xxxx 1234 format (only last 4 digits should be visible in publically visible reports).

## PMMVY Steering and Monitoring Committees

Steering and Monitoring Committees will review and monitor progress of the Scheme and strengthen the coordination and convergence between concerned departments. For effective monitoring of the scheme, the PMMVY software will provide dashboards and reports for each level of hierarchy for the scheme. The committee members need to intensively monitor the programme and analyse the reports in detail. Thus, these committees will also consider the bottlenecks faced in the implementation and suggest appropriate mechanisms for improving the implementation.

### 1. National-Level Steering and Monitoring Committee (PMMVY)

Secretary, Ministry of Women & Child-development	Chairperson
Advisor, NITI Aayog	Member
Secretary or representative, Ministry of Health & Family Welfare	Member
Secretary or representative, Ministry of Panchayati Raj	Member
Secretary or representative, Department of Expenditure	Member
Secretary or representative, Department of Financial Services	Member
Secretary or representative, Ministry of Drinking Water and Sanitation	Member
Joint Secretary, DBT Mission, Cabinet Secretariat	Member
DDG, UIDAI	Member
DG, NIC	Member
Director General, Department of Post	Member
Joint CGA, PFMS	Member
JS&FA, MWCD	Member
Joint Secretary, In-charge of the Programme	Member Secretary
Others (may be called at the discretion of the Chairperson)	Special Invitees

*The Committee will meet Quarterly, or earlier if required, at the discretion of the Chairperson.*

*Overall Responsibility of the committee will be, but not limited to:*

- a. Policy and programmatic guidance on PMMVY.
- b. Effective monitoring, analysis of programme implementation experience, feedback and mid-course corrections, conduct of comprehensive field based reviews and commissioning independent evaluation/ studies as needed.
- c. Plan and administer the Scheme by coordinating with respective State/UT Implementing Departments.
- d. Conduct in-depth analysis of the scheme performance and provide guidance to the states to ensure targeted performance levels.

- e. Ensure public information, social audits, grievance redressal and other public accountability mechanisms function effectively.

## 2. **PMMVY State/UT-Level Steering and Monitoring Committee**

Secretary, Implementing Department	Chairperson
Secretary, WCD/ Health & Family Welfare Department	Member
Secretary, Institutional Finance Department/Banking	Member
Secretary, Panchayati Raj Department	Member
Secretary, Planning	Member
Secretary, IT	Member
Secretary, Sanitation & Drinking Water	Member
Nodal Officer, PMMVY	Member Secretary
Others (may be called at the discretion of the Chairperson)	Invited Member

This Committee will meet Quarterly, or earlier if required, at the discretion of the Chairperson

While recognizing the leadership and implementation role of the states, it is expected that the State/UT would ensure, but not limited to:

- a. Effective monitoring of Scheme implementation
- b. Conduct of comprehensive field based reviews
- c. Conduct in-depth analysis of the scheme performance and provide guidance to the relevant districts to ensure targeted performance levels.
- d. Ensure public information, social audits, grievance redressal and other public accountability mechanisms.
- e. Ensure fund availability in scheme account, internet connectivity and proper infrastructure at data entry level
- f. Make State, District, and Block / Project level offices responsible for
  - a. Planning
  - b. Community awareness and mobilization
  - c. Capacity building at village level
  - d. Monitoring and feedback

## 3. **PMMVY District-Level Steering and Monitoring Committee**

District Collector/ District Magistrate	Chairperson
Chief District Health Officer/CMO*	Member
Concerned Officers' of Lead Bank & GPO	Member
All CDPOs/MOs of the district	Members

District Programme Officer, WCD/Health*	Member Secretary
Others (may be called at the discretion of the Chairperson)	Invited Members

This Committee will meet bi-monthly.

\*CMO will also be the District Programme Officer for the State/UT where Department of Health is the implementing department

Overall Responsibility of the committee will be, but not limited to:

- a. Effective monitoring of Scheme implementation and monitoring
- b. Grievance Redressal

#### **4. PMMVY Block-Level Steering and Monitoring Committee**

Sub-district magistrate / Block Development Officer	Chairperson
All Supervisors/ANMs	Member
CDPO/MO	Member Secretary
Others (may be called at the discretion of the Chairperson)	Invited Members

This Committee will meet monthly.

Overall Responsibility of the committee will be, but not limited to:

- a. Effective monitoring of Scheme implementation and monitoring
- b. Grievance Redressal

#### **5. PMMVY Village-Level Monitoring and Supervision Committee**

Village Health and Sanitation Committee should also be monitoring this Scheme during its meetings. Additionally, Branch Manager of Bank/ Post-Office In-charge should be included as members of this committee for review of the PMMVY.

Overall Responsibility of the committee will be, but not limited to:

- a. Effective monitoring of Scheme implementation and monitoring
- b. Grievance Redressal

## First Cycle of Immunization

National Immunization Schedule (NIS) for Infants : <i>First Cycle of Immunization</i>				
Vaccine	When to give	Dose	Route	Site
BCG	At birth or as early as possible till one year of age	0.1ml (0.05ml until 1 month of age)	Intra -dermal	Left Upper Arm
Hepatitis B - Birth dose	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Anterolateral side of mid-thigh-LEFT
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
DPT 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Anterolateral side of mid-thigh
Hepatitis B 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Anterolateral side of mid-thigh
Pentavalent 1,2 & 3 *	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intramuscular	Anterolateral side of mid-thigh-LEFT

- \* In select cities, Pentavalent 1,2 & 3 is introduced in place of DPT 1,2 and 3 Hepatitis B 1,2 & 3.



### List of 53 Districts under Old MBP (IGMSY)

Sl. No.	State/UT	Districts
1	Andaman and Nicobar Island	South Andaman
2	Andhra Pradesh	West Godavari
3	Arunachal Pradesh	Papum Pare
4	Assam	Kamrup, Goalpara
5	Bihar	Vaishali, Saharsa
6	Chandigarh	Chandigarh
7	Chhattisgarh	Dhamtari, Bastar
8	Dadra & Nagar Haveli	Dadra & Nagar Haveli
9	Daman and Diu	Diu
10	Delhi	West, North West
11	Goa	North Goa
12	Gujarat	Bharuch, Patan
13	Haryana	Panchkula
14	Himachal Pradesh	Hamirpur
15	J & K	Kathua, Anantnag
16	Jharkhand	East Singh Bhumi, Simdega
17	Karnataka	Kolar, Dharwad
18	Kerala	Palakkad
19	Lakshadweep	Lakshadweep
20	Madhya Pradesh	Chindwara, Sagar
21	Maharashtra	Bhandara, Amravati
22	Manipur	Tamenglong
23	Meghalaya	East Garo Hills
24	Mizoram	Lawngtlai
25	Nagaland	Kohima
26	Orissa	Bargarh, Sundargarh
27	Pondicherry	Yanam
28	Punjab	Amritsar, Kapurthala
29	Rajasthan	Bhilwara, Udaipur
30	Sikkim	West Sikkim
31	Tamil Nadu	Cuddalore, Erode
32	Telangana	Nalgonda
33	Tripura	Dhalai
34	Uttarakhand	Dehradun
35	Uttar Pradesh	Mahoba, Sultanpur, Chhatrapati Sahuji Maharaj Nagar
36	West Bengal	Jalpaiguri, Bankura



# PMMVY FORMS

# Form 1: Registration and Submission of Claims

APPLICATION FOR REGISTRATION UNDER PMMVY AND CLAIM FOR FIRST INSTALMENT

\*Mandatory fields

PERSONAL DETAILS

<b>1. Beneficiary Details</b>	<b>2. Husband Details</b>
<p>i. Does Beneficiary have an Aadhaar card?* <input type="radio"/> Yes ; <input type="radio"/> No</p> <p><b>If Yes,</b></p> <p>ii. Name of Beneficiary (as in Aadhaar Card)*: _____</p> <p>iii. Aadhaar Number*: _____ (Enclose copy of Aadhaar Card)</p> <p><b>If No,</b></p> <p>iv. Aadhaar Enrolment ID (EID): _____</p> <p>v. Name of Beneficiary (as in Identity Card)*: _____</p> <p>vi. Identity Number*: _____ (Enclose copy of Identity Card)</p> <p>vii. Identity Proof provided:</p> <ul style="list-style-type: none"><li>a) Bank or Post Office photo passbook</li><li>b) Voter ID Card</li><li>c) Ration Card</li><li>d) Kishan Photo Passbook</li><li>e) Passport</li><li>f) Driving License</li><li>g) PAN Card</li><li>h) MGNREGS Job Card</li><li>i) Her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking;</li><li>j) Any other Photo Identity Card issued by State Government or Union Territory Administrations;</li><li>k) Certificate of identity with photograph issued by a Gazetted Officer on official letterhead;</li><li>l) Health Card issued by Primary Health Centre (PHC) or Government Hospital;</li><li>m) Any other document specified by the State Government or Union Territory Administration</li></ul>	<p>i. Does Husband have an Aadhaar card?* <input type="radio"/> Yes ; <input type="radio"/> No</p> <p><b>If Yes,</b></p> <p>ii. Name of Husband (as in Aadhaar Card)*: _____</p> <p>iii. Aadhaar Number of Husband*: _____ (Enclose copy of Husband's Aadhaar Card)</p> <p><b>If No,</b></p> <p>iv. Aadhaar Enrolment ID (EID): _____</p> <p>v. Name of Beneficiary (as in Identity Card)*: _____</p> <p>vi. Identity Number*: _____ (Enclose copy of Identity Card)</p> <p>vii. Identity Proof provided:</p> <ul style="list-style-type: none"><li>a) Bank or Post Office photo passbook</li><li>b) Voter ID Card</li><li>c) Ration Card</li><li>d) Kishan Photo Passbook</li><li>e) Passport</li><li>f) Driving License</li><li>g) PAN Card</li><li>h) MGNREGS Job Card</li><li>i) Her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking;</li><li>j) Any <b>other Photo</b> Identity Card issued by State Government or Union Territory Administrations;</li><li>k) Certificate of identity with photograph issued by a Gazetted Officer in his official letterhead;</li><li>l) Health Card issued by Primary Health Centre (PHC) or Government Hospital;</li><li>m) Any <b>other</b> document specified by the State Government or Union Territory Administration</li></ul>

**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\*: 1<sup>st</sup> Instalment  ; 2<sup>nd</sup> Instalment  ; 3<sup>rd</sup> Instalment

6. Last Menstrual Period (LMP) Date\*: \_\_\_\_\_ (dd/mm/yyyy) (enclose copy of MCP card)(this field is mandatory for claiming 1<sup>st</sup> and/or 2<sup>nd</sup> 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 **v** on the instalment already received by beneficiary under old MBP.

None  1<sup>st</sup> Instalment (• 3000/-)  2<sup>nd</sup> 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 be 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 be 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**

---

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
----- ✂ -----	----- ✂ -----	-----

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
_____	_____	_____

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 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)	
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**

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;
- 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 3<sup>rd</sup> 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

----- ✂ ----- ✂ -----  
 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**





**For Post Office use only**

The Aadhaar number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Of Mr. / Mrs. / Ms. \_\_\_\_\_ has been seeded from the Account number

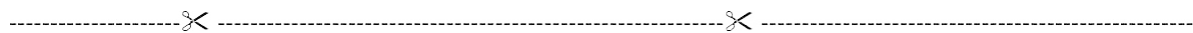
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

with IPPB \_\_\_\_\_ Branch.

Name of Post Office Authorized Official \_\_\_\_\_ Official ID \_\_\_\_\_

Signature of Post Office Authorized Official \_\_\_\_\_

Date / /



**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 / /





**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	
<b><u>Old:</u></b> 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>	<b><u>New:</u></b> 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	
<b><u>Old:</u></b>	<b><u>New:</u></b>
Bank/ P.O. account details	

<p><b><u>Old*:</u></b>  Name as in Bank/P.O. account:  Account Number:  Bank Name/ P.O. Name:  Branch Name (in case of bank account):  IFSC Code (in case of a bank account):  Is the bank account Aadhaar seeded?  <input type="checkbox"/>Yes      <input type="checkbox"/>No</p>	<p><b><u>New*:</u></b>  Name as in Bank/P.O. account:  Account Number:  Bank Name/ P.O. Name:  Branch Name (in case of bank account):  IFSC Code (in case of a bank account):  Is the bank account Aadhaar seeded?  <input type="checkbox"/>Yes      <input type="checkbox"/>No</p>
---	---

**Change in name as in Aadhaar**

<p><b><u>Old*:</u></b>  <b><u>Name in Aadhaar*:</u></b></p>	<p><b><u>New*:</u></b>  <b><u>Name in Aadhaar*:</u></b></p>
---	---

**Replacing Identity Proof with Aadhaar**

For Beneficiary **or**  for Husband

<b><u>Old details</u></b>	<b><u>New details</u></b>
<p>i. Aadhaar Enrolment ID*:  _____</p> <p>ii. Name of Beneficiary (as in Identity Card)*  _____</p> <p>iii. Identity Number*  _____</p> <p>(enclose copy of Identity Card)</p> <p>iv. Identity Card provided (tick appropriate):  Bank or Post Office photo passbook</p> <ul style="list-style-type: none"> <li>a) Voter ID Card</li> <li>b) Ration Card</li> <li>c) Kishan Photo Passbook</li> <li>d) Passport</li> <li>e) Driving License</li> <li>f) PAN Card</li> <li>g) MGNREGS Job Card</li> <li>h) Her husband's Employee Photo</li> <li>i) Identity Card issued by the Government or any Public Sector</li> <li>j) Undertaking;  Any other Photo Identity Card issued by State Government or Union</li> <li>k) Territory Administrations;  Certificate of identity with photograph issued by a Gazetted Officer on official</li> <li>l) letterhead;  Health Card issued by Primary Health</li> <li>m) Centre (PHC) or Government Hospital;  Any other document specified by the State Government or Union Territory Administration</li> </ul>	<p>i. Name of Beneficiary (as in Aadhaar Card)*  _____</p> <p>ii. Aadhaar Number*  _____</p> <p>(enclose copy of Aadhaar Card)</p> <p><b>Declaration by Beneficiary / Husband</b>  <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><i>Signature/Thumb Impression</i></p> <p><i>Date</i> <span style="float: right;"><i>Place</i></span></p>



### 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**

\_\_\_\_\_

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

[Form 4](#)

[MONTHLY RECORD OF BENEFICIARIES UNDER PMMVY](#)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

(TO BE MAINTAINED IN THE FORM OF REGISTER AND BE FILLED-IN EVERY MONTH FOR ALL BENEFICIARIES BY THE RESPECTIVE FIELD FUNCTIONARY)

(COPY OF THIS REPORT WILL BE THE MONTHLY PROGRESS REPORT (MPR) by AWW/ASHA/ANM- refer to Annexure B& C)







## FORMATS FOR MONTHLY, QUARTERLY AND ANNUAL STATEMENT OF EXPENDITURE (SOE)

FORM 5-A

### FUND AVAILABILITY IN ESCROW ACCOUNT

*To be sent by email to MWCD by 5<sup>th</sup> of following month*

State/UT Name	
Name of the Bank	
Account Number	
IFS Code	
Reporting month and year (mm/yyyy)	
Opening Balance on 01/mm/yyyy	
Amount credited by MWCD during the month	
Amount credited by State/UT during the month	
Amount debited towards maternity benefits during the month	
Closing balance of escrow account on last day of the reporting month	

**Details of State/UT Nodal Officer:**

- 1) Name \_\_\_\_\_
- 2) Designation \_\_\_\_\_
- 3) Mobile Number \_\_\_\_\_
- 4) Signature \_\_\_\_\_
- 5) Date of reporting \_\_\_\_\_

QUARTERLY STATEMENT OF EXPENDITURE PMMVY

Name of the State/UT: \_\_\_\_\_ Financial Year: \_\_\_\_\_

Quarter: I (Apr-Jun)/

II (Jul-Sep)/

III (Oct-Dec)/

IV (Jan-Mar)

Sl. No.	Sanction Nos. & Date	Amount (in ₹)
1.		
2.		
3.		
4.		
5.	Unspent balance of Previous Year	
6.	Total	

Certified that out of ₹ \_\_\_\_\_ of grant-in-aid sanctioned upto the I/II/III/IV Quarter of year \_\_\_\_\_ in favour of \_\_\_\_\_ under this Ministry/ Department letter(s) number given in the margin and ₹ \_\_\_\_\_ on account of unspent balance of the previous year, a sum of ₹ \_\_\_\_\_ has been utilized for the purpose of \_\_\_\_\_ for which it was sanctioned and that the balance of ₹ \_\_\_\_\_ remaining unutilized at the end of the Quarter I/II/III/IV of the year.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised:

- 1.
- 2.
- 3.
- 4.

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

**PART B: PHYSICAL**

1. Number of PMMVY Projects/Health Blocks: \_\_\_\_\_

2. Number of PMMVY AWCs/VILLAGES: \_\_\_\_\_

3. Details of Contractual Staff:

S. No.	Name of Post	No. Sanctioned	No. in Position	Monthly Remuneration (in ₹)	Expenditure in Quarter I/II/III/IV (in ₹ Lakhs)	Cumulative Expenditure Upto Quarter I/II/III/IV (in ₹ Lakhs)
1.	State Programme Coordinator					
2.	State Programme Assistant					
3.	District Programme Coordinator					
4.	District Programme Assistant					
	<b>Total</b>					

	In Quarter I/ II/ III/ IV	Cumulative up to the Quarter I/II/III/ IV
4. Number of beneficiaries who received (put up details from PMMVY-CAS):		
1 <sup>st</sup> Instalment	_____	_____
2 <sup>nd</sup> Instalment	_____	_____
3 <sup>rd</sup> Instalment	_____	_____
5. No. of beneficiaries who received all due instalments:	_____	_____
6. A. Number of Project/Health block -level PMMVY steering and monitoring committee meeting held:	_____	_____
B. Number of District-level PMMVY steering and monitoring committee meeting held:	_____	_____
C. Number of State-level PMMVY steering and monitoring committee meeting held:	_____	_____
7. Pending cases in the Quarter	_____	_____



8. Number of beneficiaries whose payments were due in the quarter but not received their due instalment

\_\_\_\_\_

9. Reason for delay in payment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature and seal of the Authorized Officer**

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

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

**Contact details:** \_\_\_\_\_

**PART C: FINANCIAL**

	<b>Centre Share</b>	<b>State Share</b>
	<b>( in ₹Lakhs )</b>	<b>( in ₹ Lakhs )</b>
1. Funds released during previous financial year	_____	_____
2. Expenditure incurred in previous financial year	_____	_____
3. (a) Unutilized balance of previous financial year (1.-2.)		
<b>OR</b>		
(b) Excess expenditure incurred in previous financial year (2. -1.)	_____	_____
4. Funds released by end of Quarter I/II/III/IV in current year		
(Sanction Order No. _____ Date: _____)	_____	_____
(Sanction Order No. _____ Date: _____)	_____	_____
(Sanction Order No. _____ Date: _____)	_____	_____
(Sanction Order No. _____ Date: _____)	_____	_____
5. Net funds available [4. + 3. (a) or 4.- 3. (b) as the case may be]	_____	_____

6. Expenditure incurred during the Quarter

	Central Share ( in ₹ Lakhs )		State Share ( in ₹ Lakhs )	
	In Quarter	Cumulative up to the Quarter I/ II/III/ IV	In Quarter	Cumulative up to the Quarter I/II/III/IV
	I/II/III/IV	II/III/ IV	I/II/III/IV	I/II/III/IV
<b>6. a. Cost of Conditional Cash Transfer to Beneficiaries</b> (details to be filled up from Escrow Account)				
i. First Instalment	_____	_____	_____	_____
ii. Second Instalment	_____	_____	_____	_____
iii. Third Instalment	_____	_____	_____	_____
<b>6. b. State PMMVY Cell</b>	_____	_____	_____	_____
<b>6. c. District PMMVY Cell</b>	_____	_____	_____	_____
<b>6. d. Training, Capacity Building and IEC</b>	_____	_____	_____	_____
<b>6. e. Contingency</b>	_____	_____	_____	_____
<b>6. f. Total</b>	_____	_____	_____	_____
<b>7. Unutilized Funds</b>	_____	_____	_____	_____
Reasons:	_____			
<b>8. Excess expenditure</b>	_____	_____	_____	_____
Reasons:	_____			

Signature and seal of the Authorized Officer

Name : \_\_\_\_\_

Designation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

ANNUAL STATEMENT OF EXPENDITURE PMMVY

Name of the State/UT \_\_\_\_\_

Financial Year \_\_\_\_\_

**PART A: ANNUAL PMMVY UTILISATION CERTIFICATE**

Name of the State/UT: \_\_\_\_\_

Financial Year: \_\_\_\_\_

Sl. No.	Sanction Nos. & Date	Amount (in ₹)
1.		
2.		
3.		
4.		
5.	Unspent balance of Previous Year	
6.	<b>Total</b>	

Certified that out of ₹ \_\_\_\_\_ of grant-in-aid sanctioned during the year \_\_\_\_\_ in favour of \_\_\_\_\_ under this Ministry/ Department letter(s) number given in the margin and ₹ \_\_\_\_\_ on account of unspent balance of the previous year, a sum of ₹ \_\_\_\_\_ has been utilized for the purpose of \_\_\_\_\_ for which it was sanctioned and that the balance of ₹ \_\_\_\_\_ remaining unutilized at the end of the year will be adjusted towards the grant-in-aid payable during the next year \_\_\_\_\_.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised:

- 1.
- 2.
- 3.
- 4.

Signature and Seal of the Authorised Officer \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

**PART B: PHYSICAL**

1. Number of PMMVY Projects/Health Blocks: \_\_\_\_\_
2. Number of PMMVY AWC/ VILLAGES: \_\_\_\_\_
3. Details of Contractual Staff:

S. No.	Name of Post	No. Sanctioned	No. in Position	Monthly Remuneration (in ₹)	Total actual yearly expenditure (in ₹ lakhs)
1.	State Programme Coordinator				
2.	State Programme Assistant				
3.	District Programme Coordinator				
4.	District Programme Assistant				
	<b>Total</b>				

4. Number of beneficiaries who received: (from PMMVY-CAS)
  - 1<sup>st</sup> Instalment: \_\_\_\_\_
  - 2<sup>nd</sup> Instalment: \_\_\_\_\_
  - 3<sup>rd</sup> Instalment: \_\_\_\_\_
5. Number of beneficiaries who received all due instalments: \_\_\_\_\_
6.
  - A. Number of Project/Health block -level PMMVY Steering and Monitoring Committee meeting held this year: \_\_\_\_\_
  - B. Number of District-level PMMVY Steering and Monitoring Committee meeting held this year: \_\_\_\_\_
  - C. Number of State-level PMMVY Steering and Monitoring Committee meeting held this year: \_\_\_\_\_
7. Pending cases at the end of current year: \_\_\_\_\_
8. No. of beneficiaries whose payments were due in the year but not received their due instalment: \_\_\_\_\_
9. Reasons for delay in Payment \_\_\_\_\_

Signature and seal of the Authorized Officer

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Contact details: \_\_\_\_\_

**PART C: FINANCIAL**

**Centre Share  
(in ₹ Lakhs)**

1. Funds released during previous financial year \_\_\_\_\_

2. Expenditure incurred in previous financial year \_\_\_\_\_

3. (a) Unutilized balance of previous financial year (1-2)

OR

(b) Excess expenditure incurred in previous financial year (2-1) \_\_\_\_\_

4.

Quarter	Sanction Order No.	Date (DD/MM/YY)	Amount (In ₹)	Received by the State on date (DD/MM/YY)
Quarter I (Apr-Jun)				
Quarter II (Jul-Sept)				
Quarter III (Oct-Dec)				
Quarter IV (Jan-Mar)				
<b>Total</b>				

5 Net funds available [4 + 3 (a) OR 4 - 3 (b)] as the case may be] \_\_\_\_\_

	Central Share (in ₹ Lakhs)	State Share (in ₹ Lakhs)
6. Expenditure incurred during the year		
6. a. Cost of Conditional Cash Transfer to Beneficiaries		
i. First Instalment	_____	_____
ii. Second Instalment	_____	_____
iii. Third Instalment	_____	_____
6. b. State PMMVY Cell	_____	_____
6. c. District PMMVY Cell	_____	_____
6. d. Training, Capacity Building and IEC	_____	_____
6. e. Contingency	_____	_____
6. f. Total	_____	_____
7. Unutilized Funds	_____	_____
8. Reasons:	_____	
9. Excess Expenditure	_____	_____

Signature and seal of the Authorized Officer

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_

Contact Number: \_\_\_\_\_







Ministry of Women and Child Development  
Government of India New Delhi

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