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

Form 1-B

APPLICATION FORM FOR CLAIM OF SECOND INSTALLMENT UNDER PMMVY

Mandatory fields*

1. I, Smt. _____ **(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) Bank or Post Office photo passbook
   b) Voter ID Card
   c) Ration Card
   d) Kishan Photo Passbook
   e) Passport
   f) Driving License
   g) PAN Card
   h) MGNREGS Job Card
   i) Her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking;
   j) Any other Photo Identity Card issued by State Government or Union Territory Administrations;
   k) Certificate of identity with photograph issued by a Gazetted Officer on official letterhead;
   l) Health Cardissued by Primary Health Centre (PHC) or Government Hospital;
   m) Any other document specified by the State Government or Union Territory Administration

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**

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8. Details to be filled by Anganwadi Worker / ASHA /ANM

Anganwadi Centre Name/Approved Health Facility Name: _____

Anganwadi Centre Code*: _____

Village/TownName: _____

Village Code*: _____

Anganwadi Worker / ASHA /ANM Name*: _____

Post Office Name: _____

Project: _____

District*: _____

State/UT*: _____

9. **Checklist of documents enclosed:**

S.No	Document to be enclosed	Document Enclosed Yes- Y
1	Aadhaar/Identity Card of beneficiary (Identity Card should be same as the one used for registration under the scheme)	
2	MCP Card with ANC Details	
3	Acknowledgement Slip	

Date of claiming second instalment under PMMVY scheme at Anganwadi Centre /Village (dd/mm/yy)*:

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

Signature **Date** **Place**

Verification by Supervisor / ANM*

I, Smt._____ **(Name of Supervisor / ANM)*** have verified the information captured in this form and that the form is duly complete.

Signature **Date** **Sector Code**

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Acknowledgement to be given to the beneficiary* (by Anganwadi Worker / ASHA /ANM)

Village/Town Name*: _____

Anganwadi Centre Code*: _____

Village Code*: _____

Anganwadi Worker / ASHA /ANM Name*: _____

Post Office Name: _____

Sector Name: _____

Project/health Block Name: _____

District: _____

State/UT*: _____

Smt.*_____ (Name) has submitted duly filled **Form 1-B** along with documents as per checklist on _____ (Date).

Signature **Date** **Place**
