

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

**Form 1-C**

**APPLICATION FORM FOR CLAIM OF THIRD INSTALLMENT UNDER PMMVY**

*Mandatory fields\**

1. Name of beneficiary\*: \_\_\_\_\_

2. Aadhaar/Identity number of beneficiary\*: \_\_\_\_\_

Identity Proof provided (tick one, as appropriate):

- a) 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 Card issued by Primary Health Centre (PHC) or Government Hospital;
- m) Any other document specified by the State Government or Union Territory Administration

**Note: Alternate ID for claiming this instalment 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: \_\_\_\_\_

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**12. Details to be filled Anganwadi Worker / ASHA /ANM**

Anganwadi Centre Name/Approved Health Facility Name: \_\_\_\_\_

Anganwadi Centre Code\*: \_\_\_\_\_

Village/TownName: \_\_\_\_\_

Village Code\*: \_\_\_\_\_

Anganwadi Worker / ASHA /ANM Name\*: \_\_\_\_\_

Post Office Name: \_\_\_\_\_

Project: \_\_\_\_\_

District\*: \_\_\_\_\_

State/UT\*: \_\_\_\_\_

**Date of Claiming 3<sup>rd</sup> Instalment by beneficiary\*:** -----/-----/-----

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

**13. Benefits under Janani Suraksha Yojana**

i. Did Beneficiary receive incentive under Janani Suraksha Yojana (JSY): YES / NO

ii. If yes, then how much amount was received? .....

**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**

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**Verification by Supervisor / ANM\***

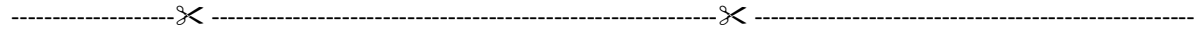
I, Smt. \_\_\_\_\_ have verified the information captured in the form and that the form is duly complete.

**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**

