

(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 Card issued 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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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** _____
