Launch of IT tool for Socio-Economic Profiling of PMSVANidhi Beneficiaries and Families

December 11, 2020

Ministry of Housing and Urban Affairs
Government of India
Vision of Hon’ble Prime Minister

“The scheme should not be just seen from the perspective for extending loans to street vendors. It should also be seen as a part of an outreach to the street vendors for their holistic development and economic upliftment.”

Key Features of Program

- IT-based profiling of PM SVANidhi beneficiaries and their families
- IT tool will assess potential eligibility for various Central welfare schemes
- Facilitate linkages to eligible schemes

Coverage of Program

PM SVANidhi beneficiaries and their families in 125 Cities till March 2022
Selected Central Schemes for the Program

- **PM Jeevan Jyoti Bima Yojana**
  Department of Financial Services

- **PM Suraksha Bima Yojana**
  Department of Financial Services

- **PM Jan Dhan Yojana/Rupay card**
  Department of Financial Services

- **Registration under BoCW**
  Ministry of Labour & Employment

- **PM Shram Yogi Maandhan**
  Ministry of Labour & Employment

- **One Nation One Ration Card**
  Ministry of Consumer Affairs, Food & Public Distribution

- **Janani Suraksha Yojana**
  Ministry of Health and Family Welfare

- **PM Matru Vandana Yojana**
  Ministry of Women and Child Development

Broad Areas of profiling

- Basic Info and Family Details
- Migration Status
- Occupational Category of Family Members
- Vending, and Income-related Mapping
- Banking history and other borrowings
- Housing and Other Assets
- Health Coverage and Disability Status
- Education, Skills and Employment
- Women and Child Welfare
- Aspirational Mapping
Central Steering Committee, chaired by Secretary MoHUA

Executive Committee, chaired by JS, MoHUA

National Nodal Officers

State Level Nodal Officers (SLNOs)

City Level Nodal Officers (CLNOs)

State/UT Monitoring Structure

State/UT Level Monitoring Committee

Headed by Principal Secretary Urban Development/ Municipal Administration

SLNOs will be co-opted members

District Level Monitoring Committee

Headed by District Collector/ Municipal Commissioner

CLNOs will be co-opted members
### Role and Responsibilities of Stakeholders

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<td>• IEC activities for socio-eco profiling</td>
<td>• Implementation and Monitoring of the Program in the State</td>
<td>• IT tool for data collection, assessing eligibility, &amp; facilitating applications</td>
<td>• Nomination of Contact Officers at National, State and City Level for scheme linkages</td>
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<td>• Conduct IT tool led Data Collection</td>
<td>• May add State-specific Welfare Schemes for Linkages</td>
<td>• Training to ULB officials</td>
<td>• Ensuring Scheme Linkages to eligible SVs and families</td>
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<td>• Facilitate Filling of applications</td>
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<td>• Funding support to ULBs</td>
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<td>• Forward application forms to concerned authorities</td>
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<td>• Coordinate with Concerned Ministries for Scheme Linkages</td>
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**Concerned Ministries**

- Nomination of Contact Officers at National, State and City Level for scheme linkages
- Ensuring Scheme Linkages to eligible SVs and families
1. IT led socio-economic profiling by ULB
2. Eligibility assessed as per profiled data
3. SMS to street vendors in regional language
4. Facilitation by ULB to fill application forms
5. ULB to forward applications to concerned authorities
6. Street vendors can apply through CSCs also
7. CLNOs to ensure Scheme Linkages
## Pilot Cities

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## Next Steps

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<td>December 14th, 2020</td>
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<td>Data Collection in Pilot cities and Refinement of IT tool as per feedback</td>
<td>December 20th, 2020</td>
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<td><strong>Training of 125 cities begins in batches</strong></td>
<td>First round of training of ULB officials</td>
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<td><strong>Roll out of Socio Economic Profiling</strong></td>
<td>Data enumerators capturing data and filling up of scheme's application forms</td>
<td>January 1st, 2021</td>
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Pradhan Mantri Matru Vandana Yojana (PMMVY)

Ministry of Women and Child Development
Government of India, New Delhi
September, 2017
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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<td>WCD</td>
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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.
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 1st instalment, if the beneficiary has a miscarriage, she would only be eligible for receiving 2nd and 3rd 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 1st and 2nd instalments, she would only be eligible for receiving 3rd 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 Conditionalities 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:

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

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 ante-natal 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 instalment, the beneficiary shall submit duly filled up Form 1-A along with the relevant documents at the AWC/ Village/ Approved heath 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 disbursal 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 data 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

<table>
<thead>
<tr>
<th>S.No</th>
<th>Case</th>
<th>Forms to be filled by Beneficiary</th>
<th>Verification by AWW/ASHA/ANM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Beneficiary has not claimed the first instalment under the scheme and applies for claiming the <strong>first instalment only</strong>.</td>
<td>Form 1-A</td>
<td>• Early registration of pregnancy within 150 days from the date of LMP</td>
</tr>
<tr>
<td>2.</td>
<td>Beneficiary who has not claimed the first instalment under the scheme but applies directly for claiming the <strong>second instalment only</strong>.</td>
<td>Form 1-A; Form 1-B</td>
<td>• At least one ANC</td>
</tr>
<tr>
<td>3.</td>
<td>Beneficiary who has not claimed the first instalment under the scheme and applies directly for claiming <strong>both first and second instalments</strong></td>
<td>Form 1-A; Form 1-B</td>
<td>• Early registration of pregnancy within 150 days from the date of LMP • At least one ANC</td>
</tr>
<tr>
<td>4.</td>
<td>Beneficiary who has registered herself under the scheme and <strong>claimed the first instalment</strong>, and applies directly for claiming <strong>the third instalment only</strong> under the scheme.</td>
<td>Form 1-C</td>
<td>• Child Birth Registration • Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute</td>
</tr>
<tr>
<td>5.</td>
<td>Beneficiary who has registered herself under the scheme and <strong>claimed the first instalment</strong>, and applies directly for claiming <strong>both second and third instalment together</strong> under the scheme.</td>
<td>Form 1-B; Form 1-C</td>
<td>• At least one ANC • Child Birth Registration • Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</td>
</tr>
<tr>
<td></td>
<td><strong>Beneficiary who has not claimed</strong> the first and second instalment under the scheme and applies directly for claiming <strong>the third instalment only</strong> under the scheme.</td>
<td>Form 1-A; Form 1-C</td>
<td>• Early registration of pregnancy within 150 days from the date of LMP • Child Birth Registration • Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</td>
</tr>
<tr>
<td>S.No</td>
<td>Case</td>
<td>Forms to be filled by Beneficiary</td>
<td>Verification by AWW/ASHA/ANM</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
|      | Beneficiary who has not claimed the first and second instalment under the scheme and applies directly for claiming **second and third instalment together** under the scheme | Form 1-A; Form 1-B; Form 1-C | • At least one ANC  
• Child Birth Registration  
• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute. |
|      | Beneficiary has not claimed the first and second instalment under the scheme and applies directly for claiming **first, second and third instalment together** under the scheme | Form 1-A; Form 1-B; Form 1-C | • Early registration of pregnancy within 150 days from the date of LMP  
• At least one ANC  
• Child Birth Registration  
• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute. |

### 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:

i. Transfer of benefits would be through DBT in Bank/Post Office account only.

ii. No disbursement would be made in the form of “cash” or “cheque”.

iii. 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)

i. MCP card for early registration of pregnancy, ANC and immunization.

ii. 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

i. During field monitoring visits, the Supervisor/ANM should check (details at Annexure E) the PMM&YY register (**Form 4**) for correctness and verify the fulfilment of conditions by checking the MCP cards. Supervisor/ANM shall provide an acknowledgement on PMM&YY register after receiving the forms from AWW/ASHA/ANM.

ii. 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)

i. The CDPO/MO must check if all the forms are complete with the mandatory document enclosed.

ii. 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 3rd instalment but the infant does not survive beyond 6 months of age, she will be given the 3rd 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.

...
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:

<table>
<thead>
<tr>
<th>Designation</th>
<th>Education qualification</th>
<th>Experience/Competencies</th>
</tr>
</thead>
</table>
| State Programme Coordinator | Postgraduate preferably in Social Sciences/Life sciences/Nutrition/Medicine/Health management / Social work/Rural management | i. At least 3 years’ experience of working with the Government/Non-Government organizations.  
ii. Proficiency in using MS-office.  
iii. Proficiency in local language and English |
| District Programme Coordinator |                                                                                        | i. At least 1-year experience of working with the Government/Non-Government organizations.  
ii. Proficiency in using MS-office  
iii. Proficiency in local language and English |
| State Programme Assistant  | Graduate preferably in Social Sciences/Social work/Rural management/Statistics            | i. At least 2 years’ experience of working with Government/Non-Government organizations.  
ii. Proficiency in using MS-office, data entry and analysis.  
iii. Proficiency in local language and English |
| District Programme Assistant |                                                                                        | i. At least 1-year experience of working with Government/Non-Government organizations.  
ii. Proficiency in using MS-Office and data entry. |

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 6th September 2016 (Annexure H).

4.5 Payment of DBT Transaction Charges

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

...
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 31st 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:

<table>
<thead>
<tr>
<th>States/UTs</th>
<th>Cost Sharing Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>All States/UTs (with legislature)</td>
<td>60:40</td>
</tr>
<tr>
<td>NER and Himalayan States</td>
<td>90:10</td>
</tr>
<tr>
<td>Union Territories without legislature</td>
<td>100% funding by Central Government</td>
</tr>
</tbody>
</table>

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.
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) From 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 31st May
b. Quarter ending 30th June : by 15th July
c. Quarter ending 30th September : by 15th October
d. Quarter ending 31st December : by 15th January
e. Quarter ending 31st March : by 15th 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.
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.

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

<table>
<thead>
<tr>
<th>State/UT</th>
<th>Department</th>
<th>Intimation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>Health, Medical and Family Welfare</td>
<td>No. WCD&amp;SC-13034/10/2017 dated 07.04.2017</td>
</tr>
<tr>
<td>Arunachal Pradesh</td>
<td>Women &amp; Child Development</td>
<td>*Telephonic confirmation</td>
</tr>
<tr>
<td>Chandigarh</td>
<td>Health</td>
<td>No. ICDS Cell/2017/454 dated 08.03.2017</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>Women &amp; Child Development</td>
<td>No. F3-59/13/WCD/50 dated 16.02.2017</td>
</tr>
<tr>
<td>D &amp; NH</td>
<td>Medical and Health Services</td>
<td>No. 11/32/2017/EST/SWD/178 dated 21.06.2017</td>
</tr>
<tr>
<td>Daman &amp; Diu</td>
<td>Medical and Health Services</td>
<td>No. ICDS/DMN/Maternity/2016-17/01</td>
</tr>
<tr>
<td>Delhi</td>
<td>Women &amp; Child Development</td>
<td>Email dated 11.04.2017 from Deputy Director (MBP)</td>
</tr>
<tr>
<td>Goa</td>
<td>Women &amp; Child Development</td>
<td>2/192-2012/IGMSY/Part-V/9553 dated 30.03.2017</td>
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<tr>
<td>Gujarat</td>
<td>Women &amp; Child Development</td>
<td>No. 5/ICDS/IGMSY/MBP Implementation/5513/15 dated 18.02.2017</td>
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<tr>
<td>Haryana</td>
<td>Women &amp; Child Development</td>
<td>No. 46576/IGMSYS/WCD/2017 dated 20.02.2017</td>
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<tr>
<td>Himachal Pradesh</td>
<td>Social Justice &amp; Empowerment</td>
<td>D.O. No. SJE-C(10)-B/2010-I dated 18.02.2017</td>
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<tr>
<td>Jammu &amp; Kashmir</td>
<td>Social Welfare</td>
<td>*Telephonic confirmation</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>WCD &amp; Social Security</td>
<td>प्रति सं- 05/म.स.फ्रा.यो.म.लाम कार्य-33/2017 502 dated 17.02.2017</td>
</tr>
<tr>
<td>Karnataka</td>
<td>Women &amp; Child Development</td>
<td>*Telephonic confirmation</td>
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<tr>
<td>Kerala</td>
<td>Social Welfare</td>
<td>*Telephonic confirmation</td>
</tr>
<tr>
<td>Lakshadweep</td>
<td>Women &amp; Child Development</td>
<td>No. 51/1/2017-WCD/148 dated 03.05.2017</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>Women &amp; Child Development</td>
<td>अ.श.प.क्र. 43/PS/WCD/17 dated 16.02.2017</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>Women &amp; Child Development</td>
<td>*Telephonic confirmation</td>
</tr>
<tr>
<td>Manipur</td>
<td>Social Welfare</td>
<td>No. 19/20/2016-S(SW) dated 21.02.2017</td>
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<tr>
<td>Meghalaya</td>
<td>Health &amp; Family Welfare</td>
<td>No. SW(S) 23/2017/60, dated 29.06.2017</td>
</tr>
<tr>
<td>Mizoram</td>
<td>Social Welfare</td>
<td>No, 13015/2/2017-DTE (ICDS) dated 17.02.2017</td>
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<tr>
<td>Odisha</td>
<td>Women &amp; Child Development</td>
<td>No. 2883/WCD WCD-ICDS(IGMSY)-SCHM-0041-2015 dated 17.02.2017</td>
</tr>
<tr>
<td>Puducherry</td>
<td>Women &amp; Child Development</td>
<td>No. 5/CS/PA/2017 dated 16.02.2017</td>
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<tr>
<td>State</td>
<td>Department</td>
<td>D.O. Number</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>Women &amp; Child Development</td>
<td>No. F(26)(4)/MBP-PCTS/ICDS/2016-17/124965 dated 17.08.2017</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>Health &amp; Family Welfare</td>
<td>No. 2305/SW7(1)/2017-1 dated 17.02.2017</td>
</tr>
<tr>
<td>Uttarakhand</td>
<td>Women &amp; Child Development</td>
<td>D.O. No. 296/XVII(4)/2017-262(9)/11TC dated 01.03.2017</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>Health</td>
<td>Email dated 01.03.2017 from Principal Secretary, ICDS, Govt. of UP</td>
</tr>
<tr>
<td>West Bengal</td>
<td>response awaited</td>
<td>-</td>
</tr>
</tbody>
</table>
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\textsuperscript{nd} Instalment.
   - **Form 1-C** is the form to be filled for the beneficiary to claim the 3\textsuperscript{rd} 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).

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
3. 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 2nd 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 3rd 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.

   1. 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:

    1. Child’s Birth Certificate
    2. MCP Card
    3. Beneficiary’s Aadhaar Card.
    4. 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 2nd or 3rd 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>
<thead>
<tr>
<th>S.No</th>
<th>Case</th>
<th>Forms to be filled by Beneficiary</th>
<th>Verification by AWW/ASHA/ANM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Beneficiary has not claimed the first instalment under the scheme and applies for claiming the <strong>first instalment only</strong>.</td>
<td>Form 1-A</td>
<td>• Early registration of pregnancy within 150 days from the date of LMP</td>
</tr>
<tr>
<td>2.</td>
<td>Beneficiary who has not claimed the first instalment under the scheme but applies directly for claiming the <strong>second instalment only</strong>.</td>
<td>Form 1-A; Form 1-B</td>
<td>• At least one ANC</td>
</tr>
<tr>
<td>S.No</td>
<td>Case</td>
<td>Forms to be filled by Beneficiary</td>
<td>Verification by AWW/ASHA/ANM</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>---------------------------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
| 3.   | Beneficiary who has not claimed the first instalment under the scheme and applies directly for claiming both first and second instalments | Form 1-A; Form 1-B | • Early registration of pregnancy within 150 days from the date of LMP  
• At least one ANC |
| 4.   | Beneficiary who has registered herself under the scheme and **claimed the first instalment**, and applies directly for claiming **the third instalment only** under the scheme | Form 1-C | • Child Birth Registration  
• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute |
| 5.   | Beneficiary who has registered herself under the scheme and **claimed the first instalment**, and applies directly for claiming **both second and third instalment together** under the scheme | Form 1-B; Form 1-C | • At least one ANC  
• Child Birth Registration  
• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute |
| 6.   | Beneficiary who has **not claimed** the first and second instalment under the scheme and applies directly for claiming **the third instalment only** under the scheme | Form 1-A; Form 1-C | • Early registration of pregnancy within 150 days from the date of LMP  
• Child Birth Registration  
• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute |
| 7.   | Beneficiary who has **not claimed** the first and second instalment under the scheme and applies directly for claiming **second and third instalment together** under the scheme | Form 1-A; Form 1-B; Form 1-C | • At least one ANC  
• Child Birth Registration  
• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute |
| 8.   | Beneficiary has **not claimed** the first and second instalment under the scheme and applies directly for claiming **first, second and third instalment together** under the scheme | Form 1-A; Form 1-B; Form 1-C | • Early registration of pregnancy within 150 days from the date of LMP  
• At least one ANC  
• Child Birth Registration  
• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute |

**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:

<table>
<thead>
<tr>
<th>Field 2</th>
<th><strong>NPR NUMBER</strong></th>
<th>Beneficiary/ husband (Resident) may bring his/her National Population Register Survey slip (if available) and fill up the column.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 3</td>
<td><strong>NAME</strong></td>
<td>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 Pol is permissible as long as the change is minor spelling only, without altering the Name in Pol document. For Example: If Resident’s Pol reads “Preeti”, then “Priti” can be recorded if Resident wants so.</td>
</tr>
<tr>
<td>Field 5</td>
<td><strong>DOB / AGE</strong></td>
<td>Fill in Date of Birth in DDMMMYYYY 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.</td>
</tr>
</tbody>
</table>
| Field 6 | **ADDRESS**    | 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.  
- To include Parent / Guardian / Husband name as part of the address, select the appropriate box and enter the name of the person.  
- Minor Corrections / Enhancements are permissible to make the address complete without altering the base address as mentioned in the POA document. |
| Field 7 | **RELATIONSHIP** | 
- In case of children below 5 years, it is mandatory to provide father/mother/guardian details with their Aadhaar or EID number. 
- If the resident is not holding a Proof of Identity & 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). 
- For other cases, it is optional for the resident to fill up the relationship details. |
<p>| Field 8 | <strong>DOCUMENTS</strong>  | 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 &amp; 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 | <strong>INTRODUCER/ HoF</strong> | 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. |</p>
<table>
<thead>
<tr>
<th>List A. POI documents</th>
<th>List B. POA documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Passport</td>
<td>1. Passport</td>
</tr>
<tr>
<td>2. PAN Card</td>
<td>2. Bank Statement/ Passbook</td>
</tr>
<tr>
<td>4. Voter ID</td>
<td>4. Ration Card</td>
</tr>
<tr>
<td>5. Driving License</td>
<td>5. Voter ID</td>
</tr>
<tr>
<td>6. Government Photo ID Cards/ service photo identity card issued by PSU</td>
<td>6. Driving License</td>
</tr>
<tr>
<td>7. NREGS Job Card</td>
<td>7. Government Photo ID cards/ service photo identity card issued by PSU</td>
</tr>
<tr>
<td>8. Photo ID issued by Recognized Educational Institution</td>
<td>8. Electricity Bill (not older than 3 months)</td>
</tr>
<tr>
<td>9. Arms License</td>
<td>9. Water bill (not older than 3 months)</td>
</tr>
<tr>
<td>10. Photo Bank ATM Card</td>
<td>10. Telephone Landline Bill (not older than 3 months)</td>
</tr>
<tr>
<td>11. Photo Credit Card</td>
<td>11. Property Tax Receipt (not older than one year)</td>
</tr>
<tr>
<td>12. Pensioner Photo Card</td>
<td>12. Credit Card Statement (not older than 3 months)</td>
</tr>
<tr>
<td>15. CGHS / ECHS Photo Card</td>
<td>15. Signed Letter having Photo issued by registered Company on letterhead</td>
</tr>
<tr>
<td>16. Address Card having Name and Photo issued by Department of Posts</td>
<td>16. Signed Letter having Photo issued by Recognized Educational Instruction on letterhead</td>
</tr>
<tr>
<td>17. Certificate of Identify having photo issued by Gazetted Officer or Tehsildar on letterhead</td>
<td>17. NREGS Job Card</td>
</tr>
<tr>
<td>18. Disability ID Card/handicapped medical certificate issued by the respective State/UT</td>
<td>18. Arms License</td>
</tr>
<tr>
<td>Governments/Administrations</td>
<td>19. Pensioner Card</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>List C. POR documents</td>
<td>List D. DOB documents</td>
</tr>
<tr>
<td>1. PDS Card</td>
<td>1. Birth Certificate</td>
</tr>
<tr>
<td>2. MNREGA Job Card</td>
<td>2. SSLC Book/Certificate</td>
</tr>
<tr>
<td>3. CGHS/State Government/ECHS/ESIC Medical card</td>
<td>3. Passport</td>
</tr>
<tr>
<td>4. Pension Card</td>
<td>4. Certificate of Date of Birth issued by Group A Gazetted Officer on Letterhead</td>
</tr>
<tr>
<td>5. Army Canteen Card</td>
<td>5. PAN Card</td>
</tr>
<tr>
<td>6. Passport</td>
<td>6. Mark sheet issued by any Govt. Board or University</td>
</tr>
</tbody>
</table>
| 7. Birth Certificate issued by Registrar of Birth, Municipal Corporation and other notified local government bodies like Taluk, Tehsil etc. | 7. Govt. Photo ID Card/Photo Identity card issued by PSU containing DoB.
| 9. Marriage Certificate Issued by the Government. | 9. Central Govt. Health Service Scheme photo card or Ex-Servicemen |

**Instructions for filling up EID Number**

```
OR EID No: 000812345000020 28 04 2011 155016
```
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](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’st/ ‘2’nd/ ‘3’rd, 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 1st and 2nd, then the column should be filled as ‘1st; 2nd’.
    - 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 2nd and 3rd, then the column should be filled as ‘2nd; 3rd’.
    - 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 1st and 2nd, then the column should be filled as ‘1st; 2nd’.
      - 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:
    1. Write ‘0’ in case she has received all due instalments,
    2. Write ‘1’ in case she has migrated out.
    3. Write ‘2’ in case of death of beneficiary during the Scheme period.
    4. Write ‘3’ if case of death of infant of beneficiary between birth and 6 months of age.
    5. Write ‘4’ in case the beneficiary is not traceable for six weeks.
    6. Write ‘5’ in case the beneficiary suffers from a still birth.
    7. 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 3rd 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 1st instalment and women with status L4 will be due for 2nd instalment if conditions are fulfilled. Women with status L6 will be due for 3rd instalment in next month. These numbers should tally with Col 10 of Form 4 -B of register.

- **Abstract of the Month:**
  a. 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:

<table>
<thead>
<tr>
<th>MONTH:</th>
<th>Number of Pregnant Women (P)</th>
<th>Number of Lactating Women (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td></td>
<td>L1</td>
</tr>
<tr>
<td>P2</td>
<td></td>
<td>L2</td>
</tr>
<tr>
<td>P3</td>
<td></td>
<td>L3</td>
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<tr>
<td>P4</td>
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<td>L4</td>
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<td>P5</td>
<td></td>
<td>L5</td>
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<tr>
<td>P6</td>
<td></td>
<td>L6</td>
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<tr>
<td>P7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total P:</td>
<td></td>
<td>Total L:</td>
</tr>
<tr>
<td>Grand Total (P+L):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annexure C

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 Surakshita 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
1. (1) स्कीम के अधीन पाबंदित प्राप्त करने के लिए, इसकृत प्राप्त पाबंदित में से यह आपसे है कि यह आधार नम्बर होगा का संबंध प्रति बने तथा सब्जी की वाणी आधार अभिव्यक्ति प्रक्रिया पूरी की।

(2) स्कीम के अधीन पाबंदित प्राप्त करने के लिए इसकृत कोई भी पाबंदित में से यह आधार संबंध नहीं है अपवाद जिसे भी तक पाबंदित के लिए नम्बर कराता है, को पाबंदित संबंधित कीहंदी अपवाद निर्माण स्वायत्त केंद्रों के द्वारा रजिस्ट्रर करने के 90 दिन के भीतर आधार नम्बर के लिए आवेदन करना होगा वर्त्तमान की नीति के 3 के उपरांत के अनुसार आधार प्राप्त करने का हकदार हो और ऐसा आवेदन आधार नम्बर के लिए किसी भी आधार नम्बर केंद्र (यूपी) यूजोरीहीज़ारा की वेबसाइट www.ualdai.gov.in पर उपलब्ध है।

(3) यदि पाबंदित प्राप्त दस्तावेज के अधीन पाबंदित प्राप्त करने का इस्तेमाल है और उपर्युक्त पाबंदित संबंध नहीं है अवधार उल्लिखित तक पाबंदित के लिए नम्बर कराता है, तो उसे पाबंदित संबंधित कीहंदी अपवाद निर्माण अपवाद निर्माण स्वायत्त केंद्रों के द्वारा रजिस्ट्रर करने के 90 दिन के भीतर आधार नम्बर के लिए आवेदन करना होगा वर्त्तमान की नीति के 3 के उपरांत के अनुसार आधार प्राप्त करने का हकदार हो और ऐसा आवेदन आधार नम्बर के लिए किसी भी आधार नम्बर केंद्र (यूपी) यूजोरीहीज़ारा की वेबसाइट www.ualdai.gov.in पर उपलब्ध है।

(4) आधार (नामांकन और आवाज) विनिमय, 2016 के निर्देश 12 के अनुसार स्कीम को कार्यान्वित करने के लिए विक्रेतारण राष्ट्रीय सहायता के कार्य शेष के प्रभाव के द्वारा निहित विनिमय की जांच कराता है जिन्हें अभी तक आधार के लिए नम्बर कराता है और यदि संबंधित वस्त्र या तालिका या प्रमाणपत्र या अन्य उपकरण द्वारा सुनिश्चित किए गए अपवाद निर्माण केंद्र नहीं है तो स्कीम को कार्यान्वित करने के लिए विक्रेतारण राष्ट्रीय सहायता के कार्यक्रम को यूजोरीहीज़ारा की विक्रेतारण रजिस्ट्रर्स के द्वारा निहित स्वायत्त केंद्रों पर नम्बर की जांच करनी होगी।

पन्तु जब तक पाबंदित नहीं हों तब पाबंदित दस्तावेजों के आधार संबंधित किये जाने के समय तक नियमित प्राप्त परीक्षण अधिनियम के अधीन प्राप्त हुए स्कीम के अधीन पाबंदित वेबसाइट पर उपलब्ध होगा।

(5) (i) यदि उसके अधीन नम्बर करने वाले हैं तो उसका अधीन पाबंदित करना होगा।

(ii) पृष्ठ-2 के उपरांत (2) में स्वायत्तित दस्तावेज, उसके अधीन उसके पाबंदित दस्तावेज नम्बर के लिए विक्रेतारण राष्ट्रीय सहायता की एक शाखा और उसका अधीन पाबंदित करना होगा।

(6) इस आदेश का एक विधि विशेष नहीं है बल्कि इसके आधार पर स्कीम निर्माण के अधीन अभिव्यक्ति अपवाद निर्माण स्वायत्त केंद्रों के अधीन प्राप्त परीक्षण करना नहीं है जब तक प्राप्त हो नहीं।

पन्तु यह और कि राज्य सहायता के कारण राजस्व निर्माण के अधीन अभिव्यक्ति अपवाद निर्माण के द्वारा उपलब्ध करने के जांच का जांच की जा सकती है।

पन्तु यह बीत स्कीम के अधीन पाबंदित पाबंदित और उसके पाबंदित दस्तावेजों के आधार संबंधित अभिव्यक्ति निर्माण स्वायत्त केंद्र (यूपी) यूजोरीहीज़ारा की वेबसाइट पर उपलब्ध होगा।

किसी
2. फावदादाहियों को सुरक्षिताधीन और निर्देशित प्रारंभिक उपकरण करने की कृति से क्षैतिज को कार्यान्वित करने के लिए विस्तृत राज्य सरकार या संघ राज्य क्षेत्र प्रशासन के विभाग सही अस्थितियों में व्यवस्थापन करेगा, जिसके अंतर्गत निम्नलिखित हैं, अंतर्गत:

(1) क्षैतिज के संभाली होने वाले फावदादाहियों को बात चिकित्सा परियोजना, अभिक्रिया, परीवर्तन, अंगरेजी कार्टूनों, प्राथमिक स्तर के कार्यान्वयन के माध्यम से स्थायी संरचना और प्रौद्योगिकी जूस्टस के तनाव से आवश्यक प्रबंधित किया जाएगा। ताकि स्वेच्छा के क्षैतिज अच्छाई की श्रेष्ठता के परिणाम में जागरूक हो सके और उन्हें परम्परागत विवाह के रूप में नामांकन कर लिया जाए, ही से अपने रूपों में उन्हें रंगदारी नामांकन के मुद्दे में आंदोलन के लिए यह लघु तथा सामान्य अपने पता का नामांकन कराएगा। लघु राज्य के उपर्युक्त स्तरों के से उपर के स्तरों में स्थायी परिस्थितियों के तहत नामांकन कराएगा।

(2) यदि घटना उत्सव और उनके पता या उद्योग में सीखे भी, चाहिए, यदि वहा तथा यहाँ तक तक नामांकन के लिए में स्वास्थ्य के अंतर्गत अन्य नामांकन नहीं करा पाएं हैं तो क्षैतिज को कार्यान्वित करने के लिए राज्य सरकार या संघ राज्य क्षेत्र प्रशासन का संबंधित विभाग उपरुप निम्नलिखित स्तरों पर आधारित नामांकन सुचारू उपकरण कराई और प्राथमिक, पता, उपयोग और उनका पता या उद्योग में सीखे भी अनुरोध किया कारण कि हाल अधिनियम के लिए क्षैतिज को कार्यान्वित करने के लिए विस्तृत राज्य सरकार क्रमश: संघ राज्य क्षेत्र प्रशासन का संबंधित विभाग उपरुप निम्नलिखित अवधि के तहत के परियोजना (4) के प्रयोग पर तत्काल व्यवस्थितितर अपने अधि, उपाधि, मोहार नब्बा और अन्य विवरण देता आधार नामांकन के लिए अपने अनुरोध रखीलिए कराए।

3. यह अनुसूचित अथवा, उद्योग और जमीन-कृषि राज्य के विवाह सभी राज्यों तथा संघ राज्य क्षेत्रों में इसके प्रकाश की साधना में प्रभाव होगा।

[भ. 13-7/2016-एप्सीए]\

राजनीति 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 benefits) 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 woman 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] 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] 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 sub-paragraph (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;

(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, Jr. Secy.
### Means for Verification of the Conditionalities

<table>
<thead>
<tr>
<th>Condition</th>
<th>Means of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Instalment</strong></td>
<td></td>
</tr>
<tr>
<td>• Early Registration of Pregnancy. (within 150 days from the date of LMP)</td>
<td>• MCP card duly certified by officer / functionary of Health Department not below the rank of ANM</td>
</tr>
<tr>
<td><strong>Second Instalment</strong></td>
<td></td>
</tr>
<tr>
<td>• Received at least one Antenatal Check-up (can be claimed after 6 months of pregnancy)</td>
<td>• MCP card duly certified by officer / functionary of Health Department not below the rank of ANM</td>
</tr>
<tr>
<td><strong>Third Instalment</strong></td>
<td></td>
</tr>
<tr>
<td>• Child birth is registered.</td>
<td>• Photocopy of Birth Certificate (provisional) issued by competent authority of the State/UT.</td>
</tr>
<tr>
<td>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute.</td>
<td>• MCP Card with immunization details duly by an officer/functionary of Health Department not below the rank of ANMs.</td>
</tr>
</tbody>
</table>
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.
   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.


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

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

* Details in table on next page

** Expenditure will depend on number of beneficiaries
## Budgetary norms for PMMVY Cells

### 1. National PMMVY Section/Cell

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

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

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

*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 6th September, 2016

Office Memorandum

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

Reference is invited to this Department OM of even no. dated 6th 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 17th August, 2016. As per para 8 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 6th 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.

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-110123/1/Bank/Ref. Case/2010/RBD/ \linebreak Government of India \linebreak Ministry of Finance \linebreak Department of Expenditure \linebreak Controller General of Accounts \linebreak Mahalekha Nyantrak Bhawan, \linebreak E-Block, GPO Complex, \linebreak INA, New Delhi-110023 \linebreak Tel: 24665384, Fax: 24649365, e-mail: 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 31st October 2016 and all Grantee Institutions should complete the roll out by 31st 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.

[Signature]
(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:

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

   **Chairperson**
   **Member**
   **Member**
   **Member**
   **Member**
   **Member**
   **Member**
   **Member**
   **Member**
   **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 OfficerChairperson
All Supervisors/ANMsMember
CDPO/MOMember 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: **First Cycle of Immunization**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>When to give</th>
<th>Dose</th>
<th>Route</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>At birth or as early as possible till one year of age</td>
<td>0.1ml (0.05ml until 1 month of age)</td>
<td>Intra-dermal</td>
<td>Left Upper Arm</td>
</tr>
<tr>
<td>Hepatitis B - Birth dose</td>
<td>At birth or as early as possible within 24 hours</td>
<td>0.5 ml</td>
<td>Intra-muscular</td>
<td>Anterolateral side of mid-thigh-LEFT</td>
</tr>
<tr>
<td>OPV-0</td>
<td>At birth or as early as possible within the first 15 days</td>
<td>2 drops</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>OPV 1, 2 &amp; 3</td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks</td>
<td>2 drops</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>DPT 1, 2 &amp; 3</td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks</td>
<td>0.5 ml</td>
<td>Intra-muscular</td>
<td>Anterolateral side of mid-thigh</td>
</tr>
<tr>
<td>Hepatitis B 1, 2 &amp; 3</td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks</td>
<td>0.5 ml</td>
<td>Intra-muscular</td>
<td>Anterolateral side of mid-thigh</td>
</tr>
<tr>
<td>Pentavalent 1,2 &amp; 3</td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks</td>
<td>0.5 ml</td>
<td>Intramuscular</td>
<td>Anterolateral side of mid-thigh-LEFT</td>
</tr>
</tbody>
</table>

- * 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)

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

*Mandatory fields

PERSONAL DETAILS

1. Beneficiary Details
   i. Does Beneficiary have an Aadhaar card? ☐ Yes; ☐ No
      If Yes,
      ii. Name of Beneficiary (as in Aadhaar Card)*:
      iii. Aadhaar Number*:
            (Enclose copy of Aadhaar Card)
      If No,
      iv. Aadhaar Enrolment ID (EID):
      v. Name of Beneficiary (as in Identity Card)*:
      vi. Identity Number*:
            (Enclose copy of Identity Card)
      vii. Identity Proof provided:
         a) Bank or Post Office photo passbook
         b) Voter ID Card
         c) Ration Card
         d) Kishan Photo Passbook
         e) Passport
         f) Driving License
         g) PAN Card
         h) MGNREGS Job Card
         i) Her husband’s Employee Photo Identity Card issued by the Government or any Public Sector Undertaking;
         j) Any other Photo Identity Card issued by State Government or Union Territory Administrations;
         k) Certificate of identity with photograph issued by a Gazetted Officer on official letterhead;
         l) Health Card issued by Primary Health Centre (PHC) or Government Hospital;
         m) Any other document specified by the State Government or Union Territory Administration

2. Husband Details
   i. Does Husband have an Aadhaar card? ☐ Yes; ☐ No
      If Yes,
      ii. Name of Husband (as in Aadhaar Card)*:
      iii. Aadhaar Number of Husband*:
            (Enclose copy of Husband’s Aadhaar Card)
      If No,
      iv. Aadhaar Enrolment ID (EID):
      v. Name of Beneficiary (as in Identity Card)*:
      vi. Identity Number*:
            (Enclose copy of Identity Card)
      vii. Identity Proof provided:
         a) Bank or Post Office photo passbook
         b) Voter ID Card
         c) Ration Card
         d) Kishan Photo Passbook
         e) Passport
         f) Driving License
         g) PAN Card
         h) MGNREGS Job Card
         i) Her husband’s Employee Photo Identity Card issued by the Government or any Public Sector Undertaking;
         j) Any other Photo Identity Card issued by State Government or Union Territory Administrations;
         k) Certificate of identity with photograph issued by a Gazetted Officer in his 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. **Address (Present Residence Address)**

<table>
<thead>
<tr>
<th>House No/ Blg./Apt.</th>
<th>Street/Road/Lane</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Landmark</td>
<td>Area/locality/sector</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Village/Town/City</td>
<td>Post Office</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>District</td>
<td>Sub-District</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>State/UT</td>
<td>PIN CODE</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Mobile No: ____________________________

5. Applying for*: 1<sup>st</sup> Installment ☐, 2<sup>nd</sup> Installment ☐, 3<sup>rd</sup> Installment ☐

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 ☐ on the instalment already received by beneficiary under old MBP

   ☐None ☐1<sup>st</sup> Installment (₹ 3000/-) ☐2<sup>nd</sup> Installment (₹ 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.

___________________________ (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 have applied for obtaining my Aadhaar number and have furnished my enrolment ID for the same and agree to furnish my Aadhaar details as soon as it is available to me. If I have not provided my enrolment ID it is only because I have not been able to enrol for Aadhaar although I am willing to do so I also provide my consent for making use of my other identification for availing the benefit under this scheme.

b. That I have not used Aadhaar or other identification in violation of the provisions under this scheme.

c. __________________________________________ (Name of Wife, as mentioned in the form) is my wife and if this pregnancy leads to a successful delivery, the child will the first living child for both of us.

The aforesaid statements made by me are true, complete and correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Signature/Thumb Impression of beneficiaries’ husband</th>
<th>Date</th>
<th>Place</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Document to be enclosed (Photocopy to be enclosed)</th>
<th>Document Enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes- Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No – N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Applicable- NA</td>
</tr>
<tr>
<td>1</td>
<td>Aadhaar Card of beneficiary</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Identity Card of beneficiary (in case Aadhaar not available)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aadhaar Card of Husband</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Identity Card of husband (in case Aadhaar not available)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Aadhaar Enrolment slip of beneficiary (in case Aadhaar not available)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Aadhaar Enrolment slip of Husband (in case Aadhaar not available)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>MCP Card</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Page of Pass Book showing name, account number and bank name</td>
<td></td>
</tr>
</tbody>
</table>

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*

1. Smt.________________________ have verified the information captured in this form and that the form is duly complete.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Sector Code</th>
</tr>
</thead>
</table>

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-A along with documents as per checklist on ____________________________ (Date).

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Place</th>
</tr>
</thead>
</table>
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) Driving License
   f) Passport
   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
8. **Details to be filled by Anganwadi Worker / ASHA / ANM**

   Anganwadi Centre Name/Approved Health Facility Name: _______________________________________

   Anganwadi Centre Code*: ________________________________________________________________

   Village/Town Name: ________________________________________________________________

   Village Code*: ________________________________________________________________

   Anganwadi Worker / ASHA / ANM Name*: ________________________________________________

   Post Office Name: ________________________________________________________________

   Project: ______________________________________________________________

   District*: ______________________________________________________________

   State/UT*: ______________________________________________________________

9. **Checklist of documents enclosed:**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Document to be enclosed</th>
<th>Document Enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aadhaar/Identity Card of beneficiary (Identity Card should be same as the one used for registration under the scheme)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MCP Card with ANC Details</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Acknowledgement Slip</td>
<td></td>
</tr>
</tbody>
</table>

   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) Bank or Post Office photo passbook
   b) Voter ID Card
   c) Ration Card
   d) Kisan 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 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*:
   a) Yes  b) No

   a. If yes, Name of Government approved facility_______________________________

5. Tick yes, if already registered under the scheme:  a) Yes  b) No (If no, then fill Form 1-A)(If yes, enclose copy of Acknowledgement Slip)*

6. Gender of Child/Children*
   a) Male  b) Female  (Please tick)

   In case of multiple births, fill the following:
   b) Male  b) Female  (Please tick)  (in case of twins)
   c) Male  b) Female  (Please tick)  (in case of triplets)
   d) Male  b) 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/Town Name:  
   ____________________________

   Village Code*:  
   ____________________________

   Anganwadi Worker / ASHA /ANM Name*:  
   ____________________________

   Post Office Name:  
   ____________________________

   Project:  
   ____________________________

   District*:  
   ____________________________

   State/UT*:  
   ____________________________

   Date of Claiming 3rd Instalment by beneficiary*:  
   _________/_________/___________

   Date of submission to Supervisor / ANM*:  
   _________/_________/___________
13. **Checklist of Documents enclosed:**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Document to be enclosed (photocopy to be enclosed)</th>
<th>Document Enclosed Yes/ Y</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Aadhaar Card of beneficiary</td>
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<tr>
<td>2</td>
<td>MCP Card with immunisation Details</td>
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<td>3</td>
<td>Child Birth Certificate</td>
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<tr>
<td>4</td>
<td>Acknowledgement Slip</td>
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</tr>
</tbody>
</table>

**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
APPLICATION FORM FOR AADHAAR SEEDING OF BANK ACCOUNT OF BENEFICIARY

(Filling and Submission to Bank to be facilitated by AWW/ASHA/ANM)

Mandatory Fields

The Branch Manager
Bank
Branch
Date (dd/mm/yy)

Dear Sir/Madam,

Seeding of Aadhaar / UID Number with the account

Bank Account Number

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

(Bank name...........................................). I submit my Aadhaar number and voluntarily give my consent to

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

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

Aadhaar number:...........................................

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

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

Yours faithfully,

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

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

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

The following Account number:

........................................................................................................................................

Of Smt. ........................................... with ........................................... (Bank Name) Branch ........................................... has been seeded with
Aadhaar number ........................................... and mobile number/Email-ID...........................................

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

Mandatory fields *

FULL NAME (Please leave one space between First, Middle and Last name):

Customer Name __________________________________________________________________________

Account Number __________________________________________________________________________

CIF ID __________________________________________________________________________________

AADHAAR DETAILS FOR SEEDING: *

Aadhaar Number __________________________________________________________________________

Name on Aadhaar Card ______________________________________________________________________

i) I request you to seed my Aadhaar number with my aforesaid account.
ii) I enclose the copy of the Aadhaar Card duly attested by me.
iii) The particulars of the Aadhaar Number are as under.

Declaration

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

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

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

(Signature/Thumb Impression of Beneficiary)

Date __/__/____

Enclosure: Self attested copy of my Aadhaar card *Please tick whichever is applicable.
For Post Office use only

The Aadhaar number

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

with IPPB __________________________ Branch.

Name of Post Office Authorized Official __________________________ Official ID __________________________

Signature of Post Office Authorized Official __________________________

Date □□/□□/□□

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

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 □□/□□/□□

-----------------------------------------------------------------------------------------------------
APPLICATION FORM FOR AADHAAR ENROLLMENT AND CORRECTION FORM

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

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

In case of Correction provide your EID No here: __________ __________ __________ __________ __________ __________ dd mm yyyy

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

| 6 | Address: C/o () D/o () S/o () W/o () H/o () |
| 7 | NAME |
| 8 | E Mail |
| 9 | PIN CODE |

Details of: Father () Mother () Guardian () Husband () Wife ()
For children below 5 years Father/Mother/Guardian’s details are mandatory. Adults can opt to not specify this information, if they cannot/do not want to disclose.

Name
EID/ Aadhaar No.: __________ __________ __________ __________ __________ __________ dd mm yyyy hh mm ss

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

For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)

a. POI
b. POA
c. DOB (Mandatory in case of Verified Date of Birth)
d. POR

| 9 | For Introducer Based – Introducer’s Aadhaar No.: __________ __________ __________ __________ __________ __________ |
| 9 | For HoF Based – Details of: Father () Mother () Guardian () Husband () Wife ()
| 9 | HoF’s EID/Aadhaar No.: __________ __________ __________ __________ __________ __________ dd mm yyyy hh mm ss |

I hereby confirm the identity and address of ____________________________ as being true, correct and accurate.

Introducer/HoF’s Name: ____________________________

Signature of Introducer/HOF: ____________________________
Disclosure under section 3(2) of THE Aadhaar (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016

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

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

To be filled by the Enrollment Agency only:  
Date & time of Enrollment: ____________________________
(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

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<th>Address</th>
<th>New:</th>
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<td>House number/Flat number:</td>
<td>House number/Flat number:</td>
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<td>Street/Building name:</td>
<td>Street/Building name:</td>
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<th>Mobile Number</th>
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<td><strong>Old</strong>:</td>
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<td>Bank/ P.O. account details</td>
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<td><strong>New</strong>:</td>
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<td>Old*</td>
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<tr>
<td>Name as in Bank/P.O. account:</td>
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<tr>
<td>Account Number</td>
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<td>Bank Name/P.O. Name</td>
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<tr>
<td>Branch Name (in case of bank account):</td>
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<tr>
<td>is the bank account Aadhaar seeded?</td>
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<tr>
<td>□ Yes □ No</td>
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</table>

Change in name as in Aadhaar

<table>
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<tr>
<th>Old*</th>
<th>New*</th>
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<tbody>
<tr>
<td>Name in Aadhaar*</td>
<td>Name in Aadhaar*</td>
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</table>

Replacing Identity Proof with Aadhaar

<table>
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<tr>
<th>Old details</th>
<th>New details</th>
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<tbody>
<tr>
<td>i. Aadhaar Enrolment ID*:</td>
<td>i. Name of Beneficiary (as in Aadhaar Card)</td>
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<tr>
<td>__________________________</td>
<td>__________________________</td>
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<tr>
<td>ii. Name of Beneficiary (as in Identity Card)</td>
<td>ii. Aadhaar Number'</td>
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<td>__________________________</td>
<td>__________________________</td>
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<tr>
<td>iii. Identity Number</td>
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<tr>
<td>__________________________</td>
<td>(enclose copy of Aadhaar Card)</td>
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<tr>
<td>iv. Identity Card provided (tick appropriate):</td>
<td>Declaration by Beneficiary / Husband</td>
</tr>
<tr>
<td>Bank or Post Office photo passbook</td>
<td>(for whom this form is being filled):</td>
</tr>
<tr>
<td>a) Voter ID Card</td>
<td>I, hereby, solemnly affirm that I provide my consent for making use of my Aadhaar for availing the benefit under this scheme</td>
</tr>
<tr>
<td>b) Ration Card</td>
<td>Signature/Thumb impression</td>
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<td>c) Kishan Photo Passbook</td>
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<td>d) Passport</td>
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<tr>
<td>e) Driving License</td>
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<tr>
<td>f) PAN Card</td>
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<tr>
<td>g) MGNREGS Job Card</td>
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<td>h) Her husband’s Employee Photo</td>
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<tr>
<td>i) Identity Card issued by the Government or any Public Sector</td>
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<tr>
<td>j) Undertaking; Any other Photo Identity Card issued by State Government or Union Territory Administration</td>
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<tr>
<td>k) Territory Administrations; Certificate of identity with photograph issued by a Gazetted Officer on official letterhead; Health Card issued by Primary Health Centre (PHC) or Government Hospital; Any other document specified by the State Government or Union Territory Administration</td>
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</tbody>
</table>
Details to be filled by Anganwadi Worker / ASHA /ANM

Anganwadi Centre Name/Approved Health Facility Name: ____________________________

Anganwadi Centre Code*: ____________________________________________________

Village/Town Name: __________________________________________________________

Village Code*: ____________________________

Anganwadi Worker / ASHA /ANM Name*: ________________________________

Post Office Name: ____________________________

Project: ____________________________

District*: ____________________________

State/UT*: ____________________________

Checklist of Documents enclosed:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Document to be enclosed (Photocopy to be enclosed)</th>
<th>Document Enclosed</th>
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<tbody>
<tr>
<td></td>
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<td>Yes-Y</td>
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<td>Not Applicable- NA</td>
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<tr>
<td>1</td>
<td>Latest Aadhaar Card of beneficiary</td>
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<td>2</td>
<td>Old Aadhaar Card of beneficiary</td>
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<td>3</td>
<td>Page of new Pass Book showing name, account number and bank name</td>
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<td>4</td>
<td>Copy of Alternate ID Card (Identity Card should be same as the one used for registration under the scheme)</td>
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</tbody>
</table>

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
MONTHLY RECORD OF BENEFICIARIES UNDER PMMVY

(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)
REGISTER FORMAT FOR RECORDING BENEFICIARY DETAILS FOR THE REPORTING MONTH

1. Date of Opening of Register:  __________/__________/__________
2. Reporting Month and Year:  ________________/______________
3. Anganwadi Centre name*:  ___________________________________________
4. Anganwadi Centre Code*:  ___________________________________________
5. Approved Health Facility*:  ___________________________________________
6. Village/Town Name*:  _____________________________________________
7. Village Code (LGD Code)*:  _________________________________________
8. Anganwadi Worker / ASHA /ANM Name*:  _____________________________
9. Post Office Name:  _________________________________________________
10. Name of Supervisor / ANM:  _________________________________________
11. Project/health Block Name:  _________________________________________
12. District*:  _______________________________________________________
13. State/UT*:  _______________________________________________________
14. Date of submission to Supervisor/ANM:  __________/__________/__________
15. Date of submission to CDPO/MO:  __________/__________/__________

Signature of AWW/ ASHA /ANM____________________

Signature of Supervisor/ANM____________________
<table>
<thead>
<tr>
<th>S. No</th>
<th>Full Name (as in Aadhaar / Alternate ID)</th>
<th>Aadhaar Number / Alternate ID number</th>
<th>Category (SC / ST / Other)</th>
<th>Status in reporting month</th>
<th>Type of Beneficiary (tick one)</th>
<th>Instalment(s) Received (Write 1st / 2nd / 3rd instalment, as applicable. OR '0' if not applicable)</th>
<th>Bank/ P.O. Account Number</th>
<th>Mobile Number</th>
<th>Reasons for exit from Scheme (write relevant code)</th>
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<td>Fill on receipt of details of payment received from Supervisors/ANNI</td>
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<td>P=</td>
<td>L=</td>
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<td>1st=</td>
<td>2nd=</td>
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<td>Total=</td>
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</tr>
</tbody>
</table>

(TO BE USED BY AUTHORISED PERSONS ONLY)

Abstract of the Month:

MONTH:____________________
Year:____________________

<table>
<thead>
<tr>
<th>Number of Pregnant Women (P)</th>
<th>Number of Lactating Women (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>L1</td>
</tr>
<tr>
<td>P2</td>
<td>L2</td>
</tr>
<tr>
<td>P3</td>
<td>L3</td>
</tr>
<tr>
<td>P4</td>
<td>L4</td>
</tr>
<tr>
<td>P5</td>
<td>L5</td>
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<tr>
<td>P6</td>
<td>L6</td>
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<tr>
<td>P7</td>
<td></td>
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<tr>
<td>P8</td>
<td></td>
</tr>
<tr>
<td>P9</td>
<td></td>
</tr>
<tr>
<td>TotalP:</td>
<td>TotalL:</td>
</tr>
</tbody>
</table>
Grnad Total(P+L): ____
## 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 5th of following month*

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/UT Name</td>
<td></td>
</tr>
<tr>
<td>Name of the Bank</td>
<td></td>
</tr>
<tr>
<td>Account Number</td>
<td></td>
</tr>
<tr>
<td>FS Code</td>
<td></td>
</tr>
<tr>
<td>Reporting month and year (mm/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Opening Balance on 01/mm/yyyy</td>
<td></td>
</tr>
<tr>
<td>Amount credited by MWCD during the month</td>
<td></td>
</tr>
<tr>
<td>Amount credited by State/UT during the month</td>
<td></td>
</tr>
<tr>
<td>Amount debited towards maternity benefits during the month</td>
<td></td>
</tr>
<tr>
<td>Closing balance of escrow account on last day of the reporting month</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Sanction Nos. &amp; Date</th>
<th>Amount (In ₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Unspent balance of Previous Year</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

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 __________________________
1. Number of PMMVFY Projects/Health Blocks: ____________

2. Number of PMMVFY AWCs/VILLAGES: ____________

3. Details of Contractual Staff:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>State Programme Coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>State Programme Assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>District Programme Coordinator</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>District Programme Assistant</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Number of beneficiaries who received (put up details from PMMVFY-CAS):

   1st Instalment  ____________  ____________
   2nd Instalment  ____________  ____________
   3rd Instalment  ____________  ____________

5. No. of beneficiaries who received all due instalments:  ____________  ____________

6. A. Number of Project/Health block level PMMVFY steering and monitoring committee meeting held:  ____________  ____________

   B. Number of District-level PMMVFY steering and monitoring committee meeting held:  ____________  ____________

   C. Number of State-level PMMVFY 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

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

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

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

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Sanction Nos. &amp; Date</th>
<th>Amount (in ₹)</th>
<th>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 ______________.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
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</tr>
<tr>
<td>5.</td>
<td>Unspent balance of Previous Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Post</th>
<th>No. Sanctioned</th>
<th>No. in Position</th>
<th>Monthly Remuneration (in ₹)</th>
<th>Total actual yearly expenditure (in ₹ lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>State Programme Coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>State Programme Assistant</td>
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<tr>
<td>3</td>
<td>District Programme Coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>District Programme Assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Number of beneficiaries who received: (from PMMVY-CAS)
   - 1st instalment: _____________
   - 2nd instalment: _____________
   - 3rd 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

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. 

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Sanction Order No.</th>
<th>Date (DD/MM/YY)</th>
<th>Amount (in ₹)</th>
<th>Received by the State on date (DD/MM/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter I (Apr-Jun)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter II (Jul-Sept)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Quarter III (Oct-Dec)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Quarter IV (Jan-Mar)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   _____
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**

<table>
<thead>
<tr>
<th>Central Share</th>
<th>State Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>(in ₹ Lakhs)</td>
<td>(in ₹ Lakhs)</td>
</tr>
</tbody>
</table>

Signature and seal of the Authorized Officer

Name: __________________

Designation: __________________

Contact Number: __________________
JANANI SURAKSHA YOJANA

FEATURES & FREQUENTLY ASKED QUESTIONS AND ANSWERS

Government of India
Ministry of Health and Family Welfare
Maternal Health Division
Nirman Bhavan
New Delhi
Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. The Yojana, launched on 12th April 2005, by the Hon’ble Prime Minister, is being implemented in all states and UTs with special focus on low performing states.

2. JSY is a 100% centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care. The success of the scheme would be determined by the increase in institutional delivery among the poor families.

3. The Yojana has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women in 10 low performing states, namely the 8 EAG states and Assam and J&K and the remaining NE States. In other eligible states and UTs, wherever, AWW and TBAs or ASHA like activist has been engaged in this purpose, she can be associated with this Yojana for providing the services.

3.1 Role of ASHA or other link health worker associated with JSY would be to:

- Identify pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC,
- Assist the pregnant woman to obtain necessary certifications wherever necessary,
- Provide and/or help the women in receiving at least three ANC checkups including TT injections, IFA tablets,
- Identify a functional Government health centre or an accredited private health institution for referral and delivery,
- Counsel for institutional delivery,
- Escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged,
- Arrange to immunize the newborn till the age of 14 weeks,
- Inform about the birth or death of the child or mother to the ANM/MO,
- Post natal visit within 7 days of delivery to track mother’s health after delivery and facilitate in obtaining care, wherever necessary,
- Counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.

Note: Work of the ASHA or any link worker associated with Yojana would be assessed based on the number of pregnant women she has been able to motivate to deliver in a health institution and the number of women she has escorted to the health institutions.

4. Important Features of JSY:

4.1 The scheme focuses on the poor pregnant woman with special dispensation for states having low institutional delivery rates namely the states of Uttar Pradesh,
Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and Jammu and Kashmir. While these states have been named as Low Performing States (LPS), the remaining states have been named as High performing States (HPS).

4.2 Tracking Each Pregnancy: Each beneficiary registered under this Yojana should have a JSY card along with a MCH card. ASHA/AWW/ any other identified link worker under the overall supervision of the ANM and the MO, PHC should **mandatorily prepare a micro-birth plan.** Please see Annexure – I. This will effectively help in monitoring Antenatal Check-up, and the post delivery care.

4.3 Eligibility for Cash Assistance:

<table>
<thead>
<tr>
<th>Category</th>
<th>LPS States</th>
<th>HPS States</th>
<th>LPS &amp; HPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pregnant women</td>
<td>delivering in Government health centres like Sub-centre, PHC/CHC/ FRU / general wards of District and state Hospitals or accredited private institutions</td>
<td>BPL pregnant women, aged 19 years and above</td>
<td>All SC and ST women delivering in a government health centre like Sub-centre, PHC/CHC/ FRU / general ward of District and state Hospitals or accredited private institutions</td>
</tr>
</tbody>
</table>

**Note:** BPL Certification – This is required in all HPS states. However, where BPL cards have not yet been issued or have not been updated, States/UTs would formulate a **simple criterion** for certification of poor and needy status of the expectant mother’s family by empowering the gram pradhan or ward member.

4.4 Scale of Cash Assistance for Institutional Delivery:

<table>
<thead>
<tr>
<th>Category</th>
<th>Rural Area</th>
<th>Total</th>
<th>Urban Area</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mother’s Package</td>
<td>ASHA’s Package</td>
<td>Rs.</td>
<td>Mother’s Package</td>
</tr>
<tr>
<td>LPS</td>
<td>1400</td>
<td>600</td>
<td>2000</td>
<td>1000</td>
</tr>
<tr>
<td>HPS</td>
<td>700</td>
<td>200</td>
<td>900</td>
<td>600</td>
</tr>
</tbody>
</table>

ASHA package of Rs. 200 for HPS rural and urban area is effective from April 2009.

**Note 1:** Importantly, such woman in both LPS and HPS states, choosing to deliver in an accredited private health institution will have to produce a proper BPL or a SC/ST certificate in order to access JSY benefits. In addition she should carry a referral slip from the ASHA/ANM/MO and the MCH - Janani Suraksha Yojana (JSY) card.

**Note 2:** ANM / ASHA / MO should make it clear to the beneficiary that Government is not responsible for the cost of her delivery. She has to bear cost, while choosing to go to an accredited private institution for delivery. She only gets her entitled cash.

4.5 While mother will receive her entitled cash, the scheme **does not provide for ASHA package** for such pregnant women choosing to deliver in an accredited private institution.

4.6 Limitations of Cash Assistance for Institutional Delivery:

<table>
<thead>
<tr>
<th>In LPS States</th>
<th>All births, delivered in a health centre – Government or Accredited Private health institutions. Refer to para (b).</th>
</tr>
</thead>
<tbody>
<tr>
<td>In HPS States</td>
<td>Upto 2 live births.</td>
</tr>
</tbody>
</table>
4.7 **Disbursement of Cash Assistance:** As the cash assistance to the mother is mainly to meet the cost of delivery, it should be disbursed **effectively at the institution itself.**

4.7.1 For pregnant women going to a public health institution for delivery, entire cash entitlement should be disbursed to her **in one go,** at the health institution. Considering that some women would access accrediting private institution for antenatal care, they would require some financial support to get atleast 3 ANCs including the 'TT' injections. In such cases, at least **three-fourth (3/4) of the cash assistance under JSY should be paid to the beneficiary in one go,** importantly, at the time of delivery.

4.7.2 **To Beneficiary:**

a. a. The mother and the ASHA (wherever applicable) should get their entitled money at the health centre immediately on arrival **and** registration for delivery.

b. b. Generally the ANM/ASHA should carry out the entire disbursement process. However, till ASHA joins, AWW or any identified link worker, under the guidance of the ANM may also do the disbursement.

4.7.3 **At accredited private institution:** Disbursement of cash to the mother should be done through the ANM/ASHA/Link worker channel and the money available under JSY should be paid to the beneficiary only and **not to any other person or relative.** Also refer to para (e).

**✓ ✓ Should ensure that:**

- Such accredited private institution would also be responsible for any postnatal complication arising out of the cases handled by them.
- They should not deny their services to any referred targeted expectant mother.

**Note:** Every month, accredited private health centers would prepare a statement of JSY - delivery / ANC/ obstetric complication cases handled by them and send it to the Medical officer, along with the referral slips for sample verification by the concerned ANM / ASHA.

4.7.4 **In the District / Women’s Hospital / State Hospital etc:**

- State / District should allocate sufficient amount of money (based on the load of deliveries in these institutions) for each of these institution. This money should be kept **in a separate account under the supervision of the Rogi Kalyan Samity.**

- The residency of the beneficiary would determine entitlement of cash benefit in such institutions, to be verified based on the referral slip from the ANM, carried by the beneficiary.

**Format of Referral Slip:** State should prepare a format of the referral slip, which should mainly indicate, identification details of the beneficiary, JSY registration number in the register of the ANM, reason for referral (including medical complications), name of ASHA, amount already disbursed, amount due, including referral transport money (if applicable), amount due to ASHA and to be paid, signature of MO/ANM.
• It is therefore, essential that all targeted expectant mother should carry a referral slip from the ANM/MO where she generally resides. This will, in fact, help all such pregnant woman who go to her mother’s place for delivery.

• Disbursement of money to expectant mother going to her mother’s place for delivery should be done at the place she delivers. The entitlement of cash should be determined by her referral slip carried by her and her usual place of residence.

• A voucher scheme may be introduced in such a way that along with admission slip for delivery, a voucher amounting to mother’s package plus the transport assistance money is given to the expectant mother and that she should be able to encash the same at the Hospital’s cash counter, at the time of discharge.

### 4.8 Flow of Fund:

i. State/District authorities would advance Rs. 5000/- and Rs. Rs.10,000/- to each ANM in HPS/LPS States respectively as a recoupable impressed money from the JSY fund.

ii. This money could be kept in the joint account of ANM and Gram Pradhan, as in case of untied fund placed with sub-centers so that the ANM could ‘roll’ the entire amount by advancing Rs.1500 to Rs. 2,500/- to ASHA / AWW per delivery and later she could recoup it from the PHC or CHC, where JSY fund is parked by the authorities.

### Expenditure Monitoring:

ASHA / AWW should provide an expenditure statement of money advanced to her in previous month to the ANM in the monthly meeting held by ANM.

iii. There should be a clear authority for ANM to withdraw cash from this account for advancing it to the ASHA or AWW / any other health link worker, needed for ready use towards disbursement to the pregnant and also for arranging the referral transport for escorting the pregnant women to the institution.

Note: Where an elected body of the Panchayati Raj Institution (PRIs) exists, the State Governments/Health society may keep the money in a joint account of the Gram Pradhan and the ANM (like that of the untied fund). The process of recoupment of fund should be so simple to be able to disburse the cash to the pregnant women in time.

### 4.9 ASHA Package:

This package, as of now, is available in all LPS, NE States and in the tribal districts of all states and UTs. In rural areas it includes the following three components:

- Cash assistance for Referral transport to go to the nearest health centre for delivery. The state will determine the amount of assistance
(should not less than Rs.250/- per delivery) depending on the topography and the infrastructure available in their state. It would, however, be the duty of the ASHA and the ANM to organize or facilitate in organizing referral the transport, in conjunction with gram pradhan, Gram Sabha etc.

Note: This assistance is over and above the Mother’s package.

- **Cash incentive to ASHA:** This should not be less than Rs.200/- per delivery in lieu of her work relating to facilitating institutional delivery. Generally, ASHA should get this money after her postnatal visit to the beneficiary and that the child has been immunized for BCG.

- **Transactional cost** (Balance out of Rs.600/-) is to be paid to ASHA in lieu of her stay with the pregnant woman in the health centre for delivery to meet her cost of boarding and lodging etc.. Therefore, **this payment should be made at the hospital/ health institution itself.**

**Note 1:** In Urban areas, ASHA package consists of only the incentive for ASHA, for providing the services, as at para 3.1

**Note 2:** In case ASHA fails to organize transport for the pregnant woman to go to the health institution, transport assistance money available within the ASHA’s package should be paid to the pregnant woman at the institution, immediately on arrival and registration for delivery.

**Note 3:** In case ASHA is yet to join, transport assistance money may be kept with the institution and a voucher scheme may be introduced for disbursement.

4.10 **Payment to ASHA:** ASHA should get her-

- ✓ ✓ **First payment** for the transactional cost at the health centre on reaching the institution along with the expectant mother.

- ✓ ✓ **The second payment** should be paid after she has made postnatal visit and the **child has been immunized for BCG.**

All payments to ASHA would be done by the ANM only. In this case too, a voucher scheme be introduced in such a manner that for every pregnant woman she registers under JSY, ANM would give two vouchers to ASHA, which she would be able to encash on certification by ANM.

**Important:** It must be ensured that ASHA gets her second payment within 7 days of the delivery, as that would be essential to keep her sustained in the system.

4.11 **Special Dispensation for LPS states:**

- ✓ ✓ **Age restriction removed**

- ✓ ✓ **Restricting benefits of JSY up to 2 births removed.** In other words, the benefits of the scheme are extended to all pregnant women in LPS states irrespective of birth orders.

- ✓ ✓ **No need for any marriage or BPL certification provided woman delivers in Government or accredited private health institution.**
Important: The state / UTs would be responsible for instituting an appropriate monitoring mechanism and ensure that a proper accounting procedure is put in place for all transactions.

4.12 Subsidizing cost of Caesarean Section or management of Obstetric complications: Generally PHCs/ FRUs / CHCs etc. would provide emergency obstetric services free of cost. Where Government specialists are not available in the Govt’s health institution to manage complications or for Caesarean Section, assistance up to Rs. 1500/- per delivery could be utilized by the health institution for hiring services of specialists from the private sector. If a specialist is not available or that the list of empanelled specialist is very few, specialist doctors working in the other Government set-ups may even be empanelled, provided his/her services are spare and he/she is willing. In such a situation, the cash subsidy can be utilized to pay honorarium or for meeting transport cost to bring the specialist to the health centre. It may however be remembered that a panel of such doctors from private or Government institutions need to be prepared beforehand in all such health institutions where such facility would be provided and the pregnant women are informed of this facility, at time of micro-birth planning.

Important: State Governments would ensure that this assistance is not misutilized and would exercise adequate control and monitor expenditure under this component.

4.13 Assistance for Home Delivery: In LPS and HPS States, BPL pregnant women, aged 19 years and above, preferring to deliver at home is entitled to cash assistance of Rs. 500/- per delivery. Such cash assistance would be available only upto 2 live births and the disbursement would be done at the time of delivery or around 7 days before the delivery by AMN/ASHA/ any other link worker. The rationale is that beneficiary would be able to use the cash assistance for her care during delivery or to meet incidental expenses of delivery. It should be the responsibility of AMN/ASHA, MO PHC to ensure disbursement. It is very important that the cash is disbursed in time. Importantly, such woman choosing to deliver at home should have a BPL certificate to access JSY benefits.

5. Compensation Money: If the mother or her husband, of their own will, undergoes sterilization, immediately after the delivery of the child, compensation money available under the existing Family welfare scheme should also be disbursed to the mother at the hospital itself.

6. JSY Benefits in Accredited Private Health Institution: In order to increase choice of delivery care institutions, at least two willing private institutions per block should be accredited to provide delivery services. State and the district authorities should draw up a list of criterion / protocols for such accreditation. (Please see a model criterion at Annexure-2) Such beneficiaries delivering in these institutions would get the cash benefits admissible under the JSY.

7. Equip Sub-centers for Normal delivery: For women living in tribal and hilly districts, it becomes difficult to access PHC/CHCs for maternal care or delivery. A well-equipped sub-center is a better option for normal delivery. Deliveries conducted in sub-centers, which are accredited by the state / district authorities will be considered as institutional delivery and therefore, women delivering in these centers would be eligible for all cash assistance under JSY.

Important: All States and UTs to undertake a process of accreditation of all such sub-centre located
in Govt. buildings and having proper facility of light, electricity, water, and other medical requirements of basic obstetric services including drugs, equipments and services of trained midwife for the purpose of conducting normal deliveries in these institutions.

8. **Provision of Administrative Expenses:** Upto 4% and 1% of the fund released could be utilized towards administrative expenses like monitoring, IEC and office expenses for implementation of JSY by the district and state authorities respectively.

9. **Essential Strategy:** While the scheme would create demand for institutional delivery, it would be necessary to have adequate number of 24X7 delivery services centre, doctors, midwives, drugs etc. at appropriate places. Mainly, this will entail

- Linking each habitation (village or a ward in an urban area) to a functional health centre- public or accredited private institution where 24X7 delivery service would be available,
- Associate an ASHA or a health link worker to each of these functional health centre,
- It should be ensured that ASHA keeps track of all expectant mothers and newborn. All expectant mother and newborn should avail ANC and immunization services, if not in health centres, at least on the **monthly health and nutrition day, to be organised in the Anganwadi or sub-centre**:
  - Each pregnant women is registered and a **micro-birth plan** is prepared (please see Annexure-1)
  - Each pregnant woman is tracked for ANC,
  - For each of the expectant mother, a place of delivery is pre-determined at the time of registration and the expectant mother is informed,
  - A referral centre is identified and expectant mother is informed,
  - ASHA and ANM to ensure that adequate fund is available for disbursement to expectant mother,
  - ASHA takes adequate steps to organize transport for taking the women to the pre-determined health institution for delivery.
  - ASHA assures availability of cash for disbursement at the health centre and she escorts pregnant women to the pre-determined health centre.

10. **Possible IEC strategy:**

- To **associate NGO and Self Help Groups** for popularizing the scheme among women’s group and also for monitoring of the implementation.
- To provide wide publicity to the scheme by:
  - Promoting JSY as a component of total package of services under RCH along with programmes like Pulse polio programme, Monthly Village Health Day, Health Melas etc,
  - Printing and distributing JSY guidelines, pamphlets, notices in local languages at SC/PHCs/CHCs/ District Hospitals/ DM’s and Divisional Commissioner’s office and even in at the accredited Pvt. Nursing Homes, in abundance,
  - Supporting printing of state’s stationery, specially for State’s Health Secretary, DMs / SDMs/ Block/ PHC/ CHC/ District Hospital, advocating on Institutional Delivery and cash benefits of JSY,
Facilitate organizing workshops and meetings in villages / blocks - by women’s group, local leaders (PRIs), Opinion Maker, at functional health institutions on promoting maternal health in general, Institutional Delivery and JSY,

Undertaking wall painting in all sub-centers, PHCs and CHCs, District & State Hospitals and the accredited private institutions,

Supporting women self help Groups and NGOs for promoting the scheme,
Facilitating woman Panchayat member to take review of Janani Suraksha Yojana (JSY)

11. Establish a grievance redressal cell in each district, under the District Project Management Unit, mainly to facilitate meeting people’s genuine grievances on -

- Eligibility for the scheme,
- Quantum of cash assistance,
- Delays in disbursement of the cash assistance,

An officer, supported by an assistant, if necessary, may be made responsible to supervise the grievance cell. However, proper information about the grievance cell, giving the officer’s name, postal address and his telephone number should be displayed prominently at all health centers and institutions. If necessary, fund available under administrative expenses could be utilized for this purpose.

12. Display of names of JSY beneficiaries: The list of JSY beneficiaries along with the date of disbursement of cash to her should mandatorily be displayed on the display board at the sub-center, PHC/CHC/District Hospitals (from where beneficiaries have got the benefit), being updated regularly on month-to-month basis. Wherever necessary, display boards may be procured.

13. Guidelines For urban areas: The state shall prepare detailed guidelines by stating a simple procedure of implementing the Janani Suraksha Yojana (JSY) in the urban areas through the Municipalities/local bodies ((where an elected body exits) and quickly obtain approval of the state Government/SHS. The guidelines should bring out clearly, the chain of fund flow as well as disbursement of the benefits to the ultimate beneficiaries. The quantum of grants to be placed at the disposal of the Municipalities shall be in proportion to the BPL families in the Municipal area. The district annual plan will also include the plan of the municipalities in the districts wherever applicable. The Chief medical Officer of such an authority should be the implementing authority. It must be ensured that basic objectives and the scale of disbursements are not altered. A copy such plan along with necessary Government’s order should be sent to the GOI.

14. Monitoring:

14.1 Monthly Meeting at Sub-centre Level: For assessing the effectiveness of the implementation of JSY, monthly meeting of all ASHAs / related health link workers working under an ANM should be held by the ANM, possibly on a fixed day (may be on the third Friday) of every month, at the sub-center or at any of Anganwadi Centres falling under the ANM’s area of jurisdiction. If Friday is a holiday, meeting could be held on following working day.

14.2 Prepare Monthly Work Schedule: In the monthly meeting, the ANM, besides reviewing the current month’s work vis-à-vis envisaged activities, should prepare a
Monthly Work Schedule for each ASHA / village level health worker of following aspects of the coming month:

- **Feed back on previous month’s schedule** -
  
  (a) Number of pregnant women missing ANCs,
  (b) No. of cases, ASHA/link worker did not accompany the pregnant women for Delivery,
  (c) Out of the identified beneficiary, number of Home deliveries,
  (d) No. of post natal visits missed by ASHA,
  (e) Cases referred to Referral Unit (FRU) and review their current health status,
  (f) No. of children missing immunization.

- **Fixing Next Month’s Work Schedule (NMWS):** To include -

  (i) Names of the identified pregnant women to be registered and to be taken to the health center/Anganwadi for ANC,
  (ii) Names of the pregnant women to be taken to the health center for delivery (wherever applicable),
  (iii) Names of the pregnant women with possible complications to be taken to the health center for check-up and/or delivery,
  (iv) Names of women to be visited (within 7 days) after their delivery,
  (v) List of infants/newborn children for routine immunization,
  (vi) To ensure availability of imprest cash,
  (vii) Check whether referral transport has been organized.

**Note 1:** While no target needs to be fixed, but for the purpose of monitoring, some monthly goal of institutional delivery for the village may be kept.

**Note 2:** A format of monthly work schedule to be filled by the ANM/ASHA incorporating the physical and financial aspect may be printed.

15. **Reporting:** For the purpose of reviewing the progress of implementation and also for allocating fund to the state, under the RCH-flexi Pool, all States would provide

- Annual District-wise report as per [Annexure IV, reaching MoHFW in the month of April of the following financial year](#)
- Quarterly Report as per [Annexure V, reaching MoHFW in the month following the end of the Quarter](#)

However, depending on the requirement of the Ministry, special reports may also be sought.

16. **Most Important:**

16.1 Any deviation from the above process will not be accepted by the Central Government and that such expenditure will not be treated as legitimate utilization of the fund given under JSY. It may be noted that all payments before or after seven days of delivery will be treated as illegitimate subject to audit objection.
16.2 The voucher of disbursement and the JSY card should invariably certify and mention the date of disbursement of cash to the beneficiary. The States mat kindly use appropriate checks and balances for transactions of delivery at private institutions.

*******
# Annexure-I

## MICRO-BIRTH PLAN FOR JSY BENEFICIARIES

<table>
<thead>
<tr>
<th>STEP</th>
<th>Activity</th>
<th>To be undertaken by</th>
<th>Proposed Time Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identification and Registration of beneficiary</td>
<td>ANM/ASHA/AWW or any link worker</td>
<td>Atleast 20-24 weeks before the expected date of delivery.</td>
</tr>
</tbody>
</table>
| 2    | Filling up of Maternal and Child card (In duplicate – one each for mother and ASHA/Link worker)  
(This will form part of the JSY’S Registration Card). | ANM/ASHA/AWW or an equivalent link worker | Immediately on registration |
| 3    | 4 I-s’:  
Inform dates of 3 ANC & TT Injection(s)  
Identify the health center for all referral  
Identify the Place of Delivery  
Inform expected date of delivery | ANM/ASHA/AWW or an equivalent link worker | Immediately on registration |
| 4    | Collecting BPL or necessary proofs /certificates  
Wherever necessary from Panchayat / local bodies / Municipalities | ANM/ASHA/AWW or an link worker | Within 2-4 weeks from Registration |
| 5    | Submission of the completed JSY card in the | MO, PHC | Atleast 2-4 weeks before the expected date of delivery |
Health center for verification by the authorized/Medical officer.

II. Take necessary steps toward **arranging transport or making available cash to the beneficiary to come to the Health Centre**

III. Ensure **availability of fund** to ANM/Health worker/ASHA etc.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td><strong>Payment of cash benefit / incentive to the mother and ASHA</strong></td>
<td>ANM/ MO, PHC</td>
</tr>
</tbody>
</table>

For complicated cases or those requiring cesarean section etc:

| Ac –1 | Pre-determine a Referral health center and intimate the pregnant women | By ANM/ASHA/link worker |
| Ac –2 | Familiarize the woman with the referral centre, if necessary carry a letter of referral from MO PHC | ANM/ASHA/link worker |
| Ac –3 | Pre-organize the transport facility in consultation with family members/community leader | ANM/ASHA/Community |
| Ac –4 | Arrange for the medical experts if the same is not available in the referred health center | MO, PHC |
Casualty services

- A pregnant woman in labour or distress on entering the hospital at any time during the day or night is directly taken to the obstetric casualty and immediately examined by a professional with midwifery skills and decision taken within fifteen minutes.
  - If there are signs or bleeding, convulsions or shock, she should be immediately attended by the Obstetrician on duty and necessary treatment to be initiated.
  - Send the mother to the labour room, ward or operation theatre, depending on the signs and symptoms.

- No pregnant woman in labour or distress should be turned away from the hospital for any reason at any time of the day or night.

- Casualty should be located close to the labour room and theatre.

- Casualty to receive advance intimation about the arrival of the mother and keep the specialist team ready with blood, if needed.

- Casualty should have the following round the clock:
  - An obstetrician
  - Life saving drugs and IV fluids
  - Facility for examining the patient (including pv)
  - Emergency protocols
  - Telephone connection in the casualty, labour room and blood bank

Emergency Obstetric Procedures

- Procedures
  - Vaccum extraction
  - Forceps delivery
  - LSCS
  - Emergency Hysterectomy
  - Manual removal of placenta
  - Dilation and Curettage
  - Laparotomy
  - Blood transfusion

- Facilities
  - Separate theatre for above obstetric procedures.
  - The Government shall provide at least 4 obstetricians, 4 paediatricians, 2 general surgeons and 2 anaesthetists to each CEmONC centre.

Emergency Newborn Care

- Every delivery to be attended by a staff nurse trained in newborn resuscitation.

- Paediatricians to be available in the institution round the clock for emergency interventions

- Emergency Protocol should be available

Laboratory Services

- 24 hours laboratory services including
Blood grouping, typing and cross matching

All routine examinations such as haemoglobin, blood glucose, urine sugar, albumin.

Post Natal Care

All normally delivered mothers should be observed in the labour room for at least two hours after delivery. Before transferring the mothers to the postnatal ward, pulse, BP, firmness of the uterus and amount of vaginal bleeding should be checked.

In the postnatal ward vital signs and height of the uterus should be monitored once in two hours for the first six hours and once in six hours till 24 hours. Twice a day monitoring until discharge should follow this.

Those mothers who had instrumental vaginal delivery should be observed in the labour ward for six hours after delivery before transferring the mother to the postnatal ward pulse, BP, firmness of the uterus, urine output and amount of vaginal bleeding should be checked. Postnatal care in the ward is similar to the care provided for normal vaginal delivery.

Post Operative Care

- **Staff**
  - For the first two hours after surgery, staff nurse remains at the bedside to monitor patient continuously.
  - Hourly checkups of vital signs (temperature, pulse, BP, and urine output), for the next six hours.
  - Forth hourly check up of vital signs by staff nurse for next two days and thereafter twice daily till discharge.

- **Check up by doctor at least once during the first two hours and every sixth hourly for three days and then twice daily till discharge.**

Records and Registers

- Parturition Register
- Case Records
- Reporting Formats
- Referral register

Ambulance Services

- For referral
  - Ambulance with driver and fuel available 24 hours.
  - Linkages with other ambulance providers.
  - Casualty to have telephone attender who will organise the transportation.

Adherence to standard emergency treatment protocol

- Standard emergency treatment protocol should in the casualty, in labour ward and in theatre.
- The obstetrician and staff nurse posted in the labour ward and theatre should be thorough with emergency protocol.

Quality of provider- Patient interaction

- Patient treated with respect and dignity.
- Privacy and confidentiality assured.
- Informal payment from patients strictly banned.
- Informed consent obtained from the family for major procedure.
- Procedures clearly explained to family members.
- A female attendant to be permitted in labour room while ensuring asepsis.
JANANI SURAKSHA YOJANA (JSY)

FREQUENTLY ASKED QUESTIONS AND ANSWER

Q.1 Has the National Maternity Benefit Scheme (NMBS) been replaced by the Janani Suraksha Yojana (JSY) from FY 2005-06?
Ans. Yes. A new 100% centrally sponsored scheme - Janani Suraksha Yojana (JSY) has been launched w.e.f 12.04.05. However, the cash benefits of the National Maternity Benefit Scheme (NMBS) have been incorporated in the Yojana.

Q.2 Why Janani Suraksha Yojana?
Ans. The NMBS was not addressing all the concerns of safe motherhood in a focused manner. Need is felt for a comprehensive package for obstetric care services to save the lives of the mother and the newborn. The main objectives of JSY are to reduce maternal and neo-natal mortality by promoting institutional delivery for making available medical care during pregnancy, delivery and post delivery period.

Q.3 Is there any change with regards to eligibility criterion for availing benefits of Janani Suraksha Yojana?
Ans. The scheme has expanded the eligibility criterion. As in October 2006, eligibility for cash assistance for institutional delivery is as follows:

<table>
<thead>
<tr>
<th>LPS States</th>
<th>All pregnant women delivering in Government health centers like Sub-centre, PHC/CHC/ FRU / general wards of District and state Hospitals or accredited private institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPS States</td>
<td>BPL pregnant women, aged 19 years and above</td>
</tr>
<tr>
<td>LPS &amp; HPS</td>
<td>All SC and ST women delivering in a government health centre like Sub-centre, PHC/CHC/ FRU / general ward of District and state Hospitals or accredited private institutions</td>
</tr>
</tbody>
</table>

Q.4 What is basis of LPS and HPS states?
Ans. States with lower levels of institutional delivery rates have been classified as LPS states. These are - the states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam and Jammu and Kashmir. The remaining states are named as HPS states.

Q.5 Why there are the special dispensations for pregnant women from LPS states?

(i) **Age certificate** is not an instrument that is available easily. Many LPS states have yet to get the process of birth registration organised in rural areas. In view of this, for all BPL pregnant women belonging to LPS states, any kind of age certification would not be insisted upon for availing the benefits of JSY.

(ii) **Removal of restrictions on the number of childbirths:** Restricting the benefits upto 2 births would in fact encourage women of higher fertility in the LPS states to deliver at home in an unsafe condition. Such women are exposed to higher risks of mortality and morbidity too because of neglect on their part to access health care and facilities. Therefore, the restriction on the number of childbirths for accessing benefits of JSY has been removed. In other words, the benefits of the scheme are extended to all BPL pregnant women in LPS states irrespective of birth orders.

(iii) **Institutional delivery being the primary strategy for promoting safe motherhood, it is necessary that all women are encouraged to avail institutional care.** With a view to encourage women from poor families to access public health institution for delivery, in LPS states, the benefits of JSY would be extended to all women (BPL and APL) availing institutional delivery care in Govt. health centres like SC, PHC, CHC, FRUs and general wards of the District and State Hospitals.

Q.6 Is it mandatory to implement JSY?
Ans. Yes.

Q.7 Is there any cash benefit for pregnant women from BPL families preferring to deliver at home?
Ans. In LPS and HPS States, BPL pregnant women, aged 19 years and above preferring to deliver at home is entitled to cash assistance of Rs. 500/- per delivery. Such cash assistance would be available only upto 2 live births and the disbursement would be done at the time of delivery. The rationale is that beneficiary would be able to use the cash assistance for her care during delivery or to meet incidental expenses of delivery.

Q.8 If the focus of the scheme is to promote institutional delivery, why should there be a provision for home delivery?
Ans. It is true that we have to discourage home delivery. However, in view of the Hon’ble Supreme Court’s direction, it is mandatory to provide for home delivery. In case of home delivery, cash benefits of JSY are as provided under NMBS. It would be the responsibility of the ANM, ASHA to counsel the pregnant woman to deliver in a health institution.

Q.9 If the Government’s policy is to control population, why would Government be relaxing two child restrictions under the Yojana?
Ans. It is true that couples in the reproductive age group, should have all the options to decide their family size and that the Government should endeavor to adhere to its stated population policy. JSY is a scheme for saving the lives of mothers from the causes related to delivery, which is also a stated policy of the Government. Women who are in the higher orders of birth, are more at risk of mortality, as they tend to neglect their delivery care and it is by bringing them to institution, and not by keeping them out of the domain of institutional delivery care that these high fertility women could be counseled for family planning.

Q.10 When would the cash benefit under JSY be disbursed?
Ans. The cash benefit should be disbursed to the beneficiary preferably at the institution. If ASHA is unable to organize transport (wherever applicable) disbursement of transport assistance should be done in the health centre as soon pregnant women arrive and registers for delivery. It should be the responsibility of ANM, MO, PHC/ASHA to take all proactive actions to ensure timely disbursement.

Q.11 What is the rationale for disbursing the cash at the time of delivery?
Ans. It is desired that the cash benefit available under this scheme is used by the beneficiary for pregnancy related care especially at the time of delivery and also for post delivery care. If cash is given earlier, it is possible that it may be expended for other purposes.
Q.12 If after having received the cash benefit, the child dies, would the benefit under JSY be extended for the next birth?
Ans. Yes. Proper record should be maintained.

Q.13 If a still child is born in a health institution, can the benefit of JSY be disbursed to the mother?
Ans. Yes. Proper record should be maintained.

Q.14 What is the scale of transport assistance out of ASHA package?
Ans. Generally, an amount of Rs. 250/- may be earmarked for this. It is, however, upto the State Government to determine the scale of transport assistance. It may be ensured that the incentive to ASHA which is part of ASHA package should not be less then 200/- per delivery facilitated by her, in addition to the transactional cost of around Rs.150/- per delivery for escorting and staying with the mother in the health centre. It may be mentioned that ASHA would get cash benefit only if she accompanies the pregnant woman to the health centre.

Q.15 Where would the transport assistance money be kept?
Ans. Keeping in view, the need to make available the cash required to transport women in the critical condition of delivery to a health centre, transport assistance amount should be kept with the ASHA with clear knowledge of the beneficiary. The mode of transport should be pre-decided by the ANM/medical officers/family member. A proper protocol for arranging the transport should be put in place with assistance of the community, ASHA and the ANM.

Q.16 Can the parameters of the JSY be modified by the states/UTs?
Ans. No. However, if any state or UT has any cogent reason for modifying, it is welcome, in consultation with the GOI. But kindly note that unilateral change by any state or UT is not advisable as it may lead to audit objections.

Q.17 A poor woman needs treatment for C-Section or other obstetric complications. Is there any provision for such situations under JSY?
Ans. Yes. Generally FRUs / CHCs etc. would provide emergency obst. services free of cost. Where Government specialists are not available in the Govt’s health institution, assistance up to Rs. 1500/- per case could be utilized by the health institution for hiring services of experts to carry out the surgery in a Government medical facility. Remember, this
assistance is to the Govt. health institution and not to the beneficiary.

Q.18 Generally, in remote areas, even a private medical expert is not available. What to do then?
Ans. In such a situation, expert doctors working in the other Government health institutions may even be empanelled provided his/her services are spare. The cash assistance for C-section or any other obstetric complications, limited to Rs.1500 per case, can be utilized to pay honorarium or for meeting transport cost to bring the expert to health centre. It may however be remembered that a panel of such doctors need to be prepared beforehand by all such health institutions where such facility would be provided and the pregnant women are informed of this facility, at time of micro-birth planning.

LINKAGE WITH ASHA

Q.19 What is the role of ASHA under JSY?
Ans. ASHA is to act as a facilitator and is an important component of the JSY strategy. Her main roles would be as follows:

- Identify pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC,
- Assist the pregnant woman to obtain necessary certifications wherever necessary,
- Provide and / or help the women in receiving at least three ANC including TT injections, IFA tablets,
- Identify a functional Government health centre or an accredited private health institution for referral and delivery,
- Counsel for institutional delivery,
- Escort the beneficiary women to the pre-determined health canter and stay with her till the woman is discharged,
- Arrange to immunize the newborn till the age of 10 weeks,
- Inform ANM/MO about the birth or death of the child or mother,
- Post natal visit within 7 days of delivery and track mother’s health,
- Counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.
The compensation package for ASHA is available to her if she escorts/stays with the pregnant women in the health centres.

Q.20 What is a micro-birth plan?
Ans. The scheme is not of distributing cash benefit, but of providing quality maternity services to the pregnant women too. Micro-birth plan is a tool for efficient coordination of all the activities. It mainly entails –

- Essential activities,
- Who would perform the activities, and
- The desired timeline.

Q. 21 Is it mandatory?
Ans. Yes. It is mandatory to draw a Micro-birth plan for each JSY beneficiary besides filling up a Maternal and Child Health Card (MCH Card).

Q.22 Who would draw the micro-birth plan?
Ans. The micro-birth plan would be drawn by the ANM. ASHA or any other link work would assist and it is essential that they know the component of the birth plan.

Q. 23 What are the essential components of a micro-birth plan?
Ans. Inform the mother and the family about 4 Is, namely -

- Inform dates of 3 ANC & TT Injection (s) and ensure these are provided,
- Identify the health centre for all referral,
- Identify the Place of Delivery,
- Inform expected date of delivery.

In addition,

✓ ✓ Collecting BPL or necessary proofs /certificates
✓ ✓ Timely submission of the completed JSY card in the Health centre for verification by the authorized/Medical officer,
✓ ✓ Arranging transport for the beneficiary to go to the Health Centre for delivery or complications, well in advance,
✓ ✓ Ensuring availability of fund with the ANM/link Health worker/ASHA etc.
**Q.24** How would ASHA’s work be adjudged under this scheme?
Ans. Work of the ASHA should be assessed based on the number of pregnant women she has been able to motivate to deliver in a health institution.

**Q.25** Where ASHA has not been recruited; can the ASHA package be disbursed to Anganwadi Worker or to any link worker/Trained Birth Attendant (TBA)?
Ans. If the Anganwadi worker or the TBA performs all the activities of the ASHA, the ASHA package can be disbursed to them, only till the time ASHA is available in the village.

**Q.26** When a beneficiary does not utilize the services of ASHA even if she is in place, can ASHA package be disbursed?
Ans. No.

**Q.27** Will ASHA receive any compensation package if she does not escort the pregnant women to the health centre during delivery?
Ans. If ASHA does not do the antenatal protocol nor she escorts the pregnant women, she will not receive the compensation package.

However, if ASHA has done the ANC protocol (Please ensure from AWW/ANM through a due process set out by the medical officer, PHC) and arranges an escort after due recording of the reasons for not being able to escort the pregnant women (in a register maintained by ANM for micro-planning of the delivery of the registered beneficiaries), the package available to ASHA may be disbursed to her. The officials concerned should exercise due caution and carry out proper checks before disbursement of such cash benefits.

In such a situation when ASHA or any other health worker – AWW/ANM does not escort the pregnant women to a health centre, the eligible **pregnant women would get additional benefit of the admissible cash benefit earmarked for transport assistance out of the ASHA’s package.**

**Q.28** Is the reporting of the implementation status giving details of fund utilized and number of beneficiaries benefited under the JSY to the Ministry of Health & Family Welfare, mandatory?
Ans. Six-monthly district wise report need to be sent mandatorily to the central government. This will form the basis of release of further grants.
Q.29 Is there a role for the Gram Panchayat under the JSY?
Ans. Where Panchayati Raj Institutions (PRIs) exist and an elected body is in place, the State Governments/District society may keep the money in the joint accounts of the ANM and the Gram Pradhan. The Panchayat and the local bodies need to be effectively involved in BPL certification process in a manner that genuine poor pregnant women are able to benefit from the scheme.

Q.30 Is it mandatory to keep an imprest with ANM?
Ans. Yes. A recoupable imprest of Rs.5000/- should be kept with ANM. The purpose is to make quick disbursement to the beneficiary. Out of this, the ANM should keep atleast Rs. 1500/- (recoupable) with the ASHA/Anganwadi Worker so that when the pregnant women need to be taken to the health institution for delivery, ASHA is able to organize transport quickly. This would quicken the process of disbursement that is key to the success of JSY.

FINANCIAL MATTERS:

Q.31 Is there a separate budget/allocation for JSY?
Ans. Unlike under NMBS, grants for JSY will be released to the State Health Society (SHS) as part of RCH flexi pool, based on the recommendation of the NBCC and the State’s PIP. It would be upon the SHS to allocate and disburse the JSY fund to the District Health Society (DHS).

Q.32 Is there any component under the JSY grant to meet certain essential expenditures, as a part of the administrative expenses? If yes, what are the activities permissible under the administrative expenses?
Ans. Yes, Upto 4 % and 1% of the fund released could be utilized towards administrative expenses like monitoring, IEC and office expenses for implementation of JSY by the district and state authorities respectively.

BPL CERTIFICATION:

Q.33 If poor pregnant women do not have BPL Card but otherwise considered very poor and needy by the community, how to certify and disburse cash benefit under JSY?
Ans. The Panchayat and the local bodies need to be effectively involved in the certification of poor and needy expectant mother, in a manner that genuine poor pregnant women are able to benefit from the scheme. However, if the BPL certification is not available through a legally constituted process, the beneficiary could still access the benefit on certification by Gram Panchayat/pradhan provided the delivery takes place in a Government institution. The benefit available under JSY will be admissible in a private hospital only against a regular BPL card whose number etc. has to be quoted in the birth certificate to be issued by the private institution.

Q. 34 Will there be any requirement of BPL card in LPS states?
Ans. No, provided women access government or accredited health institution for delivery. However, for getting cash component for home delivery, BPL card would be essential.

Q.35 What about SC and SC women?
Ans. Such women would also not require a BPL certification if they access government or accredited health institution for delivery.

Q36 Can cash benefit of the mother be handed over to the institution, in lieu of the services provided?
Ans. No. Cash benefit to mother has to be given to the mother. It is upto the mother to decide, as to how it is to be utilized. Any deviation in this regard would be construed as violation and may lead to audit objections.

Q37. When would the ASHA package be disbursed?
Ans. ASHA package is to be disbursed in two installments. Transactional cost to be paid to ASHA in lieu of her stay with the pregnant woman in the health centre for delivery should be paid at the hospital/ health institution itself. And, cash incentive to ASHA, being not less than Rs.200/- per delivery in lieu of facilitating institutional delivery should be paid after her post natal visit to the newly delivered mother and the newborn has been immunized for BCG.

******
Annexure – IV  
Part - A  
JANANI SURAKSHA YOJANA  
DISTRICTWISE ANNUAL STATEMENT OF PHYSICAL PROGRESS FOR THE YEAR ___________________  
(To be sent to the Maternal Health Division, Ministry of Health and Family Welfare, GOI by April of following year)

Name of the State ……………………… Name of the Nodal Officer……………… Telephone/Fax No……………………

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of the Districts</th>
<th>NO. OF JSY REGISTERED DURING THE QUARTER</th>
<th>Total No. of Beneficiaries upto the Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>SC</td>
<td>ST</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of the Districts</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SC</td>
<td>ST</td>
<td>GEN</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18</td>
<td>19</td>
<td>20</td>
</tr>
</tbody>
</table>

# Wherever applicable

Date:

Name and Signature of the nodal officer with rubber stamp
### Districtwise Annual Statement of Actual Expenditure for the Year ________________

(To be sent to the Maternal Health Division, Ministry of Health and Family Welfare, GOI by April of following year)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of the Districts</th>
<th>Opening Balance as on 1st April (in ‘000)</th>
<th>Total Amount Released by the State during the year (Rs. in ‘000)</th>
<th>Total amount available with the district (Rs. in '000) (3 + 4)</th>
<th>Total Expenditure under Janani Suraksha Yojana during the Quarter (In Rs. ‘000)</th>
<th>Total Exp. Upto the Quarter (6+7+8+9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>To mother’s</td>
<td>Administrative Expenditure, if any</td>
</tr>
<tr>
<td>:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Accredited worker ASHA#</td>
<td>Amount spent on hiring expert for C-Section</td>
</tr>
<tr>
<td>:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Wherever applicable

Name and Signature of the nodal officer with rubber stamp

Annexure – V
**Part - A**

**JANANI SURAKSHA YOJANA**

**QUARTERLY STATEMENT OF PHYSICAL PROGRESS FOR THE QUARTER ENDING _____ FOR THE YEAR_______**

*(To be sent to the Maternal Health Division, Ministry of Health and Family Welfare, GOI in the following month)*

Name of the State …………………… Name of the Nodal Officer……………… Telephone/Fax
No……………………

|                     | Rural |        |        | Urban |        |        | Total |        |        | Total |        |        | Total |        |        | Total |
|---------------------|-------|--------|--------|-------|--------|--------|-------|--------|--------|-------|--------|--------|-------|--------|-------|
|                     | SC    | ST     | GEN    | Total | SC     | ST     | GEN    | Total  | SC     | ST     | GEN    | Total  | SC     | ST     | GEN    | Total  |
| SC                  | 1     | 2      | 3      | 4     | 5      | 6      | 7     | 8      | 9      | 10     | 12     | 13     | (1+5)  | (2+6)  | (3+7)  | (4+8)  |
| ST                  |       |        |        |       |        |        |       |        |        |        |        |        |        |        |        |        |
| GEN                 |       |        |        |       |        |        |       |        |        |        |        |        |        |        |        |        |
| Total               | 4     | 5      | 6      | 7     | 8      | 9      | 10    | 11     | 12     | 13     | 14     | 15     | (1+5)  | (2+6)  | (3+7)  | (4+8)  |

**OUT OF 13, NUMBER OF WOMEN OPTING INSTITUTIONAL DELIVERIES**

|                     | Rural |        |        | Urban |        |        | Total |        |        | Total |        |        | Total |        |        | Total |
|---------------------|-------|--------|--------|-------|--------|--------|-------|--------|--------|-------|--------|--------|-------|--------|--------|
|                     | SC    | ST     | GEN    | Total | SC     | ST     | GEN    | Total  | SC     | ST     | GEN    | Total  | SC     | ST     | GEN    | Total  |
| SC                  | 14    | 15     | 16     | 17    | 18     | 19     | 20     | 21     | 22     | 23     | 24     | 25     | 26     | 27     |
| ST                  |       |        |        |       |        |        |       |        |        |        |        |        |        |        |        |        |
| GEN                 |       |        |        |       |        |        |       |        |        |        |        |        |        |        |        |        |
| Total               | 17    | 19     | 20     | 21    | 22     | 23     | 24     | 25     | 26     | 27     |

Total No. of Institutional deliveries under JSY upto the Quarter

Out of 13, Number of beneficiaries assisted by an accredited worker (ASHA)*

Date:

Name and Signature of the nodal officer with rubber stamp

# Wherever applicable
Annexure – V
Part - B

JANANI SURAKSHA YOJANA

QUARTERLY STATEMENT OF ACTUAL EXPENDITURE FOR THE QUARTER ENDING __________ FOR THE YEAR________

(To be sent to the Maternal Health Division, Ministry of Health and Family Welfare, GOI in the following month)

<table>
<thead>
<tr>
<th>Name of the State ………….</th>
<th>Name of the Nodal Officer ………….</th>
<th>Telephone/Fax No.………..</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Opening Balance as on 1st April of FY (In Rs. lakhs)</th>
<th>Amount Allocated current year (In Rs. lakhs)</th>
<th>Amount Released by GOI so far during the year</th>
<th>Total amount available with the State (In Rs. lakhs) (2+3)</th>
<th>Total Expenditure under Janani Suraksha Yojana during the Quarter (In Rs. lakhs)</th>
<th>Total Exp. Upto the Quarter (In lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 6 7 8</td>
<td>9 10</td>
</tr>
</tbody>
</table>

Date:

Name and Signature of the nodal officer with rubber stamp

# Wherever applicable
Registration under The Building and Other Construction Workers (RE & CS) Act, 1996

Directorate of Labour, Labour & ESI Department, Govt. of Odisha
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General Instructions ........................................................................................................... 2  
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Introduction

Industries Department of the Govt. of Odisha has developed the online *Single Window Portal* in order to facilitate 'Ease of Doing Business' and foster a conducive business environment in the State. It acts as a single window for clearances from 15 state departments, leveraging technology to bring in transparency, improve efficiency and extend time-bound clearances to the investors.

The *Single Window Portal* allows seamless integration with portals of different government departments thereby eliminating the need to fill forms multiple times, ensuring time-bound clearance, as well as ensuring single login credential for all applications. It acts as a one-stop solution for information, registration, approvals, e-payment and application tracking for clearances/approvals. It also provides updated information relating to relevant rules, regulations, orders and policy initiatives and schemes for guiding the investors. In addition to this, the portal sends alerts, via email and SMS, to applicants about the progress on their submitted applications.

Other key features are:

- Information regarding status of approved proposals, proposed investments and pending applications.

- An online grievance redressal and feedback mechanism, to timely address issues faced by investors.

- Existing online systems such as Land Bank (GO iPLUS), Central Inspection Framework and Automated Post Allotment Application (APAA), and the CSR portal are integrated into the *Single Window Portal*, making it a one-stop-shop for a plethora of services.

This document is intended to serve as a User Manual for grant of “Registration under The Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996” service from the Directorate of Labour, Labour & ESI Department, Govt. of Odisha.

General Instructions

As per the provision of Sec.7 of the Building and Other Construction Workers' (Regulation of Employment and Conditions of Service) Act, 1996, every employer of an establishment employing 10 or more building workers in any building or other construction work has to register the establishment within a period of sixty days from commencement of the work. The provision of the Act is not applicable to individual residential house whose total cost does not exceed Rs. 10.00 lakh.

Based on the geographical location, and the application will be routed to the designated Labour Officer. Prior to applying to this service, if the applicant has applied for PEAL, the first section of the Registration under The Building and Other Construction Workers (Regulation of Employment
and Conditions of Service) Act, 1996 will get auto-populated from the PEAL form. Applicant who did not fill the PEAL form, will have to fill all the fields.

Fields marked with “*” are mandatory and should be filled in before submitting the form on the single window portal. Leaving fields blank in the Form is not allowed. In case applicants wish not to enter data in a field, they can put “NA” if it is a text/description field or a “0”, if it is a numeric field. In case of errors, the form will show an error message. The applicant may correct the data and save the form again.

Some of the fields can accept multiple values. If the applicant wishes to furnish more than one item, he may use the “+” button to add more rows. Similarly, if he wishes to remove a row, he may use “−” button.

Applicants can attach documents in digital format as documentary evidences which the department will use for verification. Clicking on the choose button will let them select the document to be uploaded. Before submitting the document, they needs to ensure that all the information furnished by them is satisfactory and correct to the best of their knowledge and understanding. After checking that the information furnished in all the fields are in order, they can submit the application by clicking on the ‘Submit’ button.

After the form is successfully submitted, applicants can pay the required fees either online or offline. The Fees to be paid for the grant of a certificate of registration shall be as specified below.

If the number of workers proposed to be employed as building workers, for a building or other construction work on one day:

- Is up to 100 .......................... 100.00
- Exceeds 100 but does not exceed 500 500.00
- Exceeds 500 .......................... 1,000.00

If they wish to pay offline, they may choose the ‘Over the Counter’ option on the Cyber Treasury payment gateway. A challan with the account details of the department will then be generated. The applicant will take the hard copy of the challan to the nearest branch of the bank selected and deposit the amount either by Cash, or by means of Demand Draft. Once the fee is processed by the bank, the bank will send a transaction ID via SMS, which then will have to be entered on the Cyber Treasury portal to complete the application process.

Upon payment the applicant will receive an SMS & Email notification with the application number from the single window portal.

The Certificate of Registration of an establishment shall be valid only for such building and other construction work carried out by such establishment, for which application was made through the online Single Window Portal.
Checklist of Documents

The applicant doesn’t need to attach any document with the application.

Timeline

Registration under The Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 is provided within 15 working days from the date of submission of application. The department can however raise queries on the application within 7 working days of receipt of application.

Field Instructions

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name and Address of the Establishment</td>
<td>Enter the Name and Address of the establishment employing contract labour. District and Block can be selected from the dropdown list.</td>
</tr>
<tr>
<td>2</td>
<td>Name and Address of the Manager</td>
<td>Enter the Name and Address of the Manager or any Person responsible for supervision and control. District and Block can be selected from the dropdown list.</td>
</tr>
<tr>
<td>3</td>
<td>Nature of work carried out in the establishment</td>
<td>Select from the list. Multiple selections can be made by clicking of different options while pressing the ‘CTRL’ button.</td>
</tr>
<tr>
<td>4</td>
<td>Maximum No. of Building Workers to be employed</td>
<td>Enter the maximum no. of Building Workers to be employed in the site.</td>
</tr>
</tbody>
</table>
Application Procedure

1. Applicants will go to the URL: https://investodisha.gov.in

2. Clicking on the SWP (Single Window Portal) block will take the applicant to the Single Window Portal.
3. Applicant will click on ‘Investor Login’ to sign-in into the Single Window Portal. The following login page opens up.

4. Existing users of APAA/CIF/GO-iPLUS/CSR Portal/eSuvishaa can log into the Single Window Portal using the same credentials. New applicants can register themselves on the portal by clicking on the ‘Register Now’ button. The users have to fill the registration form and verify themselves by entering the OTP sent to the mobile number entered.
5. Upon registration/logging in, the applicant can view their dashboard.
6. In the ‘Services’ section, the applicant can view the list of services offered by the Single Window Portal.

7. From the list of services, applicant can apply to the service “Registration under The Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996” by clicking on . The following form will open up, which allows the applicant to fill in the required details. After filling up the form, the applicant can submit the form by clicking on the “Submit” button.
While filling up the application form, the applicant can upload scanned copies of required documents in the respective fields. Application fee will be calculated automatically based on the information filled by the applicant and displayed at the bottom of the form.

8. Upon submission, the applicant will confirm payment of fees by clicking on the ‘Pay Now’ button.
9. The page redirects to the payment gateway. The applicant, after confirming that the amount displayed on the page is correct, can select the mode of payment from the available options. (Net Banking/Debit Card/Credit Card/Over the Counter)

10. Applicants can select the bank of their preference and proceed to payment.
11. If the mode of payment is online (Net Banking/Credit Card/Debit Card), upon clicking the ‘Make Payment’ button, the page will be redirected to the selected bank’s payment portal.

12. Applicant can fill in their details and pay the requisite amount at their selected bank’s payment portal.
13. If the mode of payment is offline (Over the Counter), the applicant can generate the Challan for that transaction by clicking the ‘Generate Challan’ button. The page will be redirected to the selected bank’s payment portal.

14. A downloadable e-Challan receipt will be displayed mentioning the head of account and the amount to be paid.
The applicant can take the copy of the challan to the nearest branch of the bank selected and pay the amount.

15. Upon successful payment an Application No., Transaction ID and a Challan Reference ID will be generated and the page will be redirected the Single Window Portal. The following acknowledgement appears on the screen. An SMS/Email notification is also be sent to the applicant with all the details from the single window portal.
16. Applicants can go to the Services button on the Menu bar and click on “Application Details” to check the status of their application.

17. Applicants can track and monitor the status of all applications done through the Single Window Portal. Departments may raise queries on the application within 7 days of its submission. As and when queries are raised, the ‘Query Status’ column gets updated. Applicant can view and reply to the queries on an application by clicking on “Query Raised”. Applicant is notified via email/SMS about the query raised at this stage.
18. Applicant can submit additional information/documents sought by the department. Multiple files can be uploaded in response. After uploading all the required documents, the query can be resolved by clicking on the “Submit” button.

19. The documents uploaded by the applicant in response to the query will be forwarded to the department for scrutiny. The query status on the ‘Application Details’ page gets updated to ‘Query Reverted’.
20. Once the application is processed and approved, the status of the application will read “Approved” and the applicant can download the final signed certificate by clicking on the button in the “Download Certificate” section.
Approval Procedure

Application for Registration under The Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 - Directorate of Labour

Start

Submit Application with attachments & Make Payment

Receive Queries/Comments via SMS/email Notification

Receive SMS/email Notification

Receive SMS/email Notification & Download License

Receive SMS/email Notification

Process Payment and forward application to the Department

Respond & Upload necessary information/Documents

Forward Queries/Comments

Send SMS/email Notification

Send SMS/email Notification

Send SMS/email Notification

Receive & Scrutinize Application

Additional Info req.? (within 7 days)

Yes

Enter Queries/Comments

Enter Acknowledgement

Upload License

Yes

No

License to be issued?

No

Process Application
Scheme guidelines for
PM Street Vendor’s AtmaNirbhar Nidhi
(PM SVANidhi)

A SPECIAL MICRO-CREDIT FACILITY FOR STREET VENDORS
MAKING STREET VENDORS SELF-RELIANT

AtmaNirbhar Bharat
कोरोना वैशिवक महामारी की अभूतपूर्व स्थिति में देश ने, हमारे गरीब भाई—बहनों ने, विशेषकर रेड्डी—ठेला—पटरी पर सामान बेचने वाले श्रमिक साथियों ने तमाम मुश्किलों के बावजूद अद्भुत संयम और संघर्ष—शक्ति दिखाई है। उनके आर्थिक हितों के लिए, उन्हें ताक़तवर बनाने के लिए हम सतत और समग्र प्रयास कर रहे हैं।

नरेन्द्र मोदी, प्रधानमंत्री
1. **Background**

Street vendors represent a very important constituent of the urban informal economy and play a significant role in ensuring availability of the goods and services at affordable rates at the door-step of the city dwellers. They are known as vendors, hawkers, thelewala, rehriwala, theliphadwala etc. in different areas/contexts. The goods supplied by them include vegetables, fruits, ready-to-eat street food, tea, pakodas, breads, eggs, textile, apparel, footwear, artisan products, books/stationary etc. The services include barber shops, cobblers, pan shops, laundry services etc. The COVID-19 pandemic and consequent lockdowns have adversely impacted the livelihoods of street vendors. They usually work with a small capital base and might have consumed the same during the lockdown. Therefore, there is an urgent need to provide credit for working capital to street vendors to resume their business.

2. **Objectives**

The scheme is a Central Sector Scheme i.e. fully funded by Ministry of Housing and Urban Affairs with the following objectives:

(i) To facilitate working capital loan up to ₹10,000;
(ii) To incentivize regular repayment; and
(iii) To reward digital transactions

The scheme will help formalize the street vendors with above objectives and will open up new opportunities to this sector to move up the economic ladder.

3. **Eligibility of States/UTs**

The Scheme is available for beneficiaries belonging to only those States/UTs which have notified Rules and Scheme under Street Vendors (Protection of Livelihood and Regulation of Street Vending) Act, 2014. Beneficiaries from Meghalaya, which has its own State Street Vendors Act may, however, participate.

4. **Eligibility Criteria of Beneficiaries**

The Scheme is available to all street vendors engaged in vending in urban areas as on or before March 24, 2020. The eligible vendors will be identified as per following criteria:

(i) Street vendors in possession of Certificate of Vending / Identity Card issued by Urban Local Bodies (ULBs);
(ii) The vendors, who have been identified in the survey but have not been issued Certificate of Vending / Identity Card;

Provisional Certificate of Vending would be generated for such vendors through an IT based Platform. ULBs are encouraged to issue
such vendors the permanent Certificate of Vending and Identification Card immediately and positively within a period of one month.

(iii) Street Vendors, left out of the ULB-led identification survey or who have started vending after completion of the survey and have been issued Letter of Recommendation (LoR) to that effect by the ULB / Town Vending Committee (TVC); and

(iv) The vendors of surrounding development/ peri-urban / rural areas vending in the geographical limits of the ULBs and have been issued Letter of Recommendation (LoR) to that effect by the ULB / TVC.

5. Identification of Beneficiaries left out of the Survey or belonging to the surrounding Rural Areas

While identifying the vendors belonging to category 4 (iii) and (iv), the ULB/ TVC may consider any of the following documents to issue letters of recommendation:

(i) The list of vendors, prepared by certain States/ UTs, for providing one-time assistance during the period of lockdown; OR

(ii) A system generated request sent to ULBs/ TVCs for issue of LoR based on the recommendation of the Lender after verifying the credentials of the applicant; OR

(iii) The membership details with the vendors associations including National Association of Street Vendors of India (NASVI)/ National Hawkers Federation (NHF)/ Self-Employed Women’s Association (SEWA) etc.; OR

(iv) The documents in possession of the vendor buttressing his claim of vending; OR

(v) Report of local enquiry conducted by ULB/ TVC involving Self-Help Groups (SHGs), Community Based Organizations (CBOs) etc.

ULB shall complete the verification and issuance of LoR within 15 days of the submission of application.

Further, ULBs may adopt any other alternate way for identifying such vendors with a view to ensure that all the eligible vendors are positively covered.

6. Vendors who have gone back to their native places due to COVID-19

Some of the identified / surveyed or other vendors who have been vending / hawking in urban areas, have left for their native places prior to or during the lockdown period because of COVID-19 pandemic. Such vendors are likely to come back after the situation normalizes and resume their business. These vendors, whether from rural / peri-urban areas or city dwellers will be eligible for the loan on their return as per eligibility criteria for identification of beneficiaries mentioned above in para 4 & 5.

7. Data in Public Domain

The State / UT / ULB-wise list of identified street vendors will be made available on the website of the Ministry/ State Government/ ULBs and Web Portal developed for the purpose.

8. Brief Details of the Product

Urban street vendors will be eligible to avail a Working Capital (WC) loan of up to ₹10,000 with tenure of 1 year and repaid in monthly instalments. For this loan, no collateral will be taken by the lending institutions.

On timely or early repayment, the vendors will be eligible for the next cycle of working capital loan with an enhanced limit. No prepayment penalty will be charged from the vendors for repayment before the scheduled date.

8.1 Rate of Interest

In case of Scheduled Commercial Banks,
Regional Rural Banks (RRBs), Small Finance Banks (SFBs), Cooperative Banks & SHG Banks, the rates will be as per their prevailing rates of interest.

In case of NBFC, NBFC-MFIs etc., interest rates will be as per RBI guidelines for respective lender category.

In respect of MFIs (non NBFC) & other lender categories not covered under the RBI guidelines, interest rates under the scheme would be applicable as per the extant RBI guidelines for NBFC-MFIs.

8.2 Interest Subsidy
The vendors, availing loan under the scheme, are eligible to get an interest subsidy @ 7%. The interest subsidy amount will be credited into the borrower’s account quarterly. Lenders will submit quarterly claims for interest subsidy for quarters ending as on June 30, September 30, December 31 and March 31 during each financial year. Subsidy will only be considered in respect of accounts of borrowers, which are Standard (non-NPA as per extant RBI guidelines) on respective claim dates and only for those months during which the account has remained Standard in the concerned quarter. The interest subsidy is available up to March 31, 2022. The subsidy will be available on first and subsequent enhanced loans up to that date.

In case of early payment, the admissible amount of subsidy will be credited in one go.

8.3 Promotion of Digital Transactions by Vendors
The scheme will incentivize digital transactions by vendors through cash back facility. The transaction trail so created will build the credit score of vendors for enhancing their future credit needs. The network of lending institutions and digital payment aggregators like NPCI (for BHIM), PayTM, GooglePay, BharatPay, AmazonPay, PhonePe etc. will be used to on-board the street vendors for digital transactions. The onboarded vendors would be incentivised with a monthly cashback in the range of ₹50 - ₹100 as per the following criteria:
(i) On executing 50 eligible transactions in a month: ₹50;
(ii) On executing the next 50 additional eligible transactions in a month: ₹25 (i.e. on reaching 100 eligible transactions, the vendor to receive ₹75); and
(iii) On executing the next additional 100 or more eligible transactions: ₹25 (i.e. on reaching 200 eligible transactions, the vendor to receive ₹100).

Here eligible transactions mean a digital payout or receipt with minimum value of ₹25. An illustration of the EMI on a loan of ₹10,000 @ 24% rate of interest, the interest subsidy @7% and the maximum cashback amount received as incentive is given at Annexure – B.

9. Who can lend
Scheduled Commercial Banks, Regional Rural Banks (RRBs), Small Finance Banks (SFBs), Cooperative Banks, Non-Banking Finance Companies (NBFCs), Micro Finance Institutions (MFIs) & SHG Banks established in some States/UTs e.g. Stree Nidhi etc. The lending institutions will be encouraged to use their network of field functionaries i.e. Business Correspondents (BCs) / Constituents/ Agents extensively to ensure maximum coverage of the scheme.

States of Andhra Pradesh and Telangana do not have presence of MFIs. However, they have a robust network of SHGs and their Federations which may be utilised to complement the efforts of SCBs/ RRBs/ SFBs/ NBFCs and Cooperative Banks in mobilizing and generating loan applications for Street Vendors. For this, these States may devise a suitable incentive mechanism for the SHGs.
10. **Credit Guarantee**

The Scheme has a provision of Graded Guarantee Cover for the loans sanctioned, as indicated below, to be administered by Credit Guarantee Fund Trust for Micro and Small Enterprises (CGTMSE), which will be operated on portfolio basis:

a) First Loss Default (Up to 5%): 100%

b) Second Loss (beyond 5% up to 15%): 75% of default portfolio

c) Maximum guarantee coverage will be 15% of the year portfolio.

All loans given by each lending institution under the scheme will be considered for coverage under the guarantee. The periodicity of filing of claims by lending institutions will be quarterly.

All the participating lending institutions shall be eligible to avail this guarantee cover without any charges.

Further, a representative of MoHUA shall be a special invitee at the meetings of the Board of trustees of CGTMSE whenever the Scheme is taken up for consideration.

11. **Town Vending Committee**

The Town Vending Committee (TVC) plays a very important role in identification of beneficiaries. As provided in the Street Vendors Act, 2014, TVC consists of maximum 18 members with following composition:

(i) Municipal Commissioner or Chief Executive Officer of ULB as Chairperson;

(ii) 50% of members (including chairperson) representing various local authority departments, police, and street vendors’ and traders’ associations etc;

(iii) 40% of members representing street vendors; and

(iv) 10% of members nominated from NGOs/CBOs.

12. **Formation of Collectives of the Vendors**

As per prevailing practice, the individual lending institution may form Joint Liability Groups (JLGs) of eligible vendors. The Common Interest Groups (CIGs) of street vendors, already formed by States, can be converted into JLGs by lending institutions. The ULBs should extensively encourage formation of CIGs of the street vendors to ensure maximum coverage of the scheme.

List of CIGs of street vendors formed by ULBs will be shared with the lending institutions. Similarly, the lending institutions will share the list of JLGs of eligible street vendors formed with respective ULBs.

Formation of such collectives is preferred and encouraged. However, it does not preclude individual vendors from availing the loan.

13. **E-commerce & Quality Improvement**

The States/UTs should prepare a roadmap for building up the capacities of street vendors to conduct e-Commerce and obtain necessary quality certifications from the concerned agencies like FSSAI etc.
14. Capacity Building & Financial Literacy
A comprehensive capacity building plan will be developed to build the capabilities of different stakeholders like BCs/ Agents of lending institutions like banks/ NBFCs/ MFIs, SHGs/ federations, implementing bodies like ULBs/ TVCs and digital payment aggregators to ensure effective delivery of Scheme. Capacities of digital payment aggregators like NPCI and payment aggregators will be leveraged to impart financial literacy to the street vendors for encouraging on-boarding on digital platforms.

15. Branding and Communication
Branding is an important aspect of communicating the scheme accurately to different stakeholders, especially to the target beneficiaries. A standard Branding and Communications Guidelines of the Scheme shall be issued separately.

Innovative use of various platforms including the local and social media will be encouraged to reach the targeted beneficiaries in an effective and engaging manner. Necessary Information, Education and Communication (IEC) and capacity building modules will be provided by MoHUA.

16. Integrated IT application for Scheme Administration
An Integrated IT Platform along with Mobile App will be developed by the Ministry for administration of the scheme. This Portal will provide one stop solution for administration of the scheme. The IT Platform will integrate with the vendors data bases across the States/ UTs, BCs/ constituents/ agents of lending institutions, digital payment aggregators and PAiSA portal of MoHUA and Udyami Mitra portal managed by Small Industries Development Bank of India (SIDBI).

17. Implementation Mechanism
A kick-start meeting to explain the scheme objectives and implementation mechanisms will be organised by the ULB involving the TVC members, BCs/ constituents/ agents of lending institutions, vendors associations, SHG Federations etc. During the meeting, the information relating to street vendors and field level functionaries of lending institutions will be shared.

Applicants (street vendors), in possession of Certificate of Vending / ID Card issued by ULB and those covered in the ULB led identification survey may approach or be approached by the representatives of the Banks, NBFCs and MFIs. The lender representatives, including BCs and Agents will key in the relevant details in the search engine of the IT platform/ mobile App. For the successful cases, beneficiary verification will happen through an OTP sent to the beneficiary's mobile.

A provision will be made available in the IT application to generate a provisional CoV/ ID for the Street Vendors covered in the identification survey and not issued CoV / ID. After verification, BC / Agent will fill-in the application form and upload the necessary documents. The filled-up application information will then move electronically to
ULB / TVC. The ULB / TVC will have to verify the details within a fortnight; after which the application will move to the concerned lending institution for sanction.

The Street Vendors not covered in the identification survey may approach the BC / Agent with the documents mentioned in para 5 above. The Agent will ensure that the identification documents are uploaded first for these types of beneficiaries and later a similar process as mentioned above will follow. ULB will verify the details and attach a letter of recommendation before forwarding it to the lender. A copy of the letter of recommendation will be given to the applicant also.

Preparatory activities, as indicated in the Annexure-A will be carried out during June 2020 and loans will commence from July, 2020.

18. Implementation Partner(s)
Small Industries Development Bank of India (SIDBI) will be the implementation partner of the Ministry of Housing and Urban Affairs for scheme administration. SIDBI will leverage the network of lending Institutions including the SCBs, RRBs, SFBs, Cooperative Banks, NBFCs & MFIs for scheme implementation.

19. Committees for Steering & Monitoring of the Scheme
The Scheme will have the following management structure at the Central, State/ UT and ULB level for effective implementation and monitoring of the scheme:

a) At Central level - a Steering Committee under the chairmanship of Secretary, HUA (composition of the committee is at Annexure-C).

b) At State/ UT level - a Monitoring Committee under the chairmanship of Principal Secretary/ Secretary of Urban Development/ Municipal Administration (composition of the committee is at Annexure-D), which shall meet at least every three months.

c) At ULB level, there will be a Committee headed by the Municipal Commissioner/ Executive Officer (EO) and supported by the Town Vending Committee to sponsor loan applications and monitor implementation of the scheme (composition of the committee is at Annexure-E). This committee will meet every month.
## Preparatory Activities during June, 2020

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dissemination of information on the Scheme and related activities to states/ UTs and other stakeholders</td>
</tr>
<tr>
<td>2.</td>
<td>Issue of operational guidelines</td>
</tr>
<tr>
<td>3.</td>
<td>Mapping of BCs/ Constituents/ Agents of respective lending institutions</td>
</tr>
<tr>
<td>4.</td>
<td>Organising kick start meetings by the ULBs involving the TVC members with BCs/ constituents/ agents of lending institutions, vendors associations, SHG Federations etc.</td>
</tr>
<tr>
<td>5.</td>
<td>Capacity building for all stakeholders e.g. ULB/ TVC functionaries, BCs/ Constituents/ Agents of Lending Institutions, digital payment aggregators, SHGs and their federations and DAY-NULM functionaries etc.</td>
</tr>
<tr>
<td>6.</td>
<td>Formation of Common Interest Groups (CIGs) of street vendors by the ULB</td>
</tr>
<tr>
<td>7.</td>
<td>Notification of Rules/ Scheme by the States/ UTs, which are yet to do so, as per the Street Vendors (Protection of Livelihood and Regulation of Street Vending) Act, 2014</td>
</tr>
</tbody>
</table>
| 8.      | For identification of vendors, who have been left out of survey or who vend in the city from the surrounding/ developmental/ rural areas, following methods may be used:  
(a) Quick survey by ULBs through SHGs/ Federations under DAY-NULM, and/ or  
(b) Inviting applications by ULBs |
| 9.      | Issue of Letters of Recommendation for the vendors mentioned in row 8 |
| 10.     | Issue of Certificate of Vending (CoV) / Identity Cards (IDs) to all street vendors covered in the surveyed list |
| 11.     | Commencement of formation of Joint Liability Groups (JLGs) by BCs/ Agents of lending institutions |
| 12.     | Collection and processing of loan applications |
**ANNEXURE B**

An illustration on the cash-back and interest subsidy under the Scheme for a loan amounting to ₹10,000

<table>
<thead>
<tr>
<th>Month</th>
<th>Principal (₹)</th>
<th>Interest @ 24% (₹)</th>
<th>EMI (₹)</th>
<th>Interest Subsidy (7%) (₹)</th>
<th>Cash back Incentive (₹)</th>
<th>Total Benefit (₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>₹746</td>
<td>₹200</td>
<td>₹946</td>
<td>₹58</td>
<td>₹100</td>
<td>₹158</td>
</tr>
<tr>
<td>2</td>
<td>₹761</td>
<td>₹185</td>
<td>₹946</td>
<td>₹54</td>
<td>₹100</td>
<td>₹154</td>
</tr>
<tr>
<td>3</td>
<td>₹776</td>
<td>₹170</td>
<td>₹946</td>
<td>₹50</td>
<td>₹100</td>
<td>₹150</td>
</tr>
<tr>
<td>4</td>
<td>₹791</td>
<td>₹154</td>
<td>₹945</td>
<td>₹46</td>
<td>₹100</td>
<td>₹146</td>
</tr>
<tr>
<td>5</td>
<td>₹807</td>
<td>₹139</td>
<td>₹946</td>
<td>₹42</td>
<td>₹100</td>
<td>₹142</td>
</tr>
<tr>
<td>6</td>
<td>₹823</td>
<td>₹122</td>
<td>₹945</td>
<td>₹36</td>
<td>₹100</td>
<td>₹136</td>
</tr>
<tr>
<td>7</td>
<td>₹840</td>
<td>₹106</td>
<td>₹946</td>
<td>₹32</td>
<td>₹100</td>
<td>₹132</td>
</tr>
<tr>
<td>8</td>
<td>₹856</td>
<td>₹89</td>
<td>₹945</td>
<td>₹27</td>
<td>₹100</td>
<td>₹127</td>
</tr>
<tr>
<td>9</td>
<td>₹874</td>
<td>₹72</td>
<td>₹946</td>
<td>₹22</td>
<td>₹100</td>
<td>₹122</td>
</tr>
<tr>
<td>10</td>
<td>₹891</td>
<td>₹55</td>
<td>₹946</td>
<td>₹17</td>
<td>₹100</td>
<td>₹117</td>
</tr>
<tr>
<td>11</td>
<td>₹909</td>
<td>₹37</td>
<td>₹946</td>
<td>₹12</td>
<td>₹100</td>
<td>₹112</td>
</tr>
<tr>
<td>12</td>
<td>₹927</td>
<td>₹19</td>
<td>₹946</td>
<td>₹6</td>
<td>₹100</td>
<td>₹106</td>
</tr>
<tr>
<td>Total</td>
<td>₹10,001</td>
<td>₹1,348</td>
<td>₹11,349</td>
<td>₹402</td>
<td>₹1,200</td>
<td>₹1,602</td>
</tr>
</tbody>
</table>

% w.r.t interest  

Thus, the Maximum Cashback amount and the Interest subsidy amount would sum up to ₹1,600 (₹1,200 as cashback and ₹400 as interest subsidy), which is 118% of the total interest of ₹1,348 on a loan of ₹10,000 with an interest rate of 24%.”
For effective coordination and implementation, a Steering Committee will be constituted as indicated:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Designation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Secretary, HUA</td>
<td>Chairperson</td>
</tr>
<tr>
<td>2</td>
<td>Secretary, MSME or his nominee</td>
<td>Member</td>
</tr>
<tr>
<td>3</td>
<td>Secretary, DFS, or his nominee</td>
<td>Member</td>
</tr>
<tr>
<td>4</td>
<td>ED, Deptt of Non-Banking Regulations, RBI</td>
<td>Member</td>
</tr>
<tr>
<td>5</td>
<td>CMD, SIDBI</td>
<td>Member</td>
</tr>
<tr>
<td>6</td>
<td>Principal Secretaries (UD/LSG) from three states to be nominated by Minister, HUA</td>
<td>Member</td>
</tr>
<tr>
<td>7</td>
<td>CEO, Indian Banks’ Association (IBA)</td>
<td>Member</td>
</tr>
<tr>
<td>8</td>
<td>CEO, MFIN</td>
<td>Member</td>
</tr>
<tr>
<td>9</td>
<td>ED, Sa-Dhan</td>
<td>Member</td>
</tr>
<tr>
<td>10</td>
<td>Joint Secretary and Mission Director (DAY-NULM)</td>
<td>Member Convenor</td>
</tr>
</tbody>
</table>

Note: Ministry may co-opt any other member as per need.
**ANNEXURE D**

For effective monitoring of the Scheme, the State/UT will have the following committee:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Designation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Principal Secretary/ Secretary, Urban Development/ Municipal Administration</td>
<td>Chairperson</td>
</tr>
<tr>
<td>2.</td>
<td>Principal Secretary/ Secretary, Finance</td>
<td>Member</td>
</tr>
<tr>
<td>3.</td>
<td>State Representative of RBI</td>
<td>Member</td>
</tr>
<tr>
<td>4.</td>
<td>State representative of SIDBI</td>
<td>Member</td>
</tr>
<tr>
<td>5.</td>
<td>Convenor of the State Level Bankers Committee (SLBC)</td>
<td>Member</td>
</tr>
<tr>
<td>6.</td>
<td>Up to 05 Municipal Commissioner(s)/ EO (s), to be invited on rotation basis</td>
<td>Member(s)</td>
</tr>
<tr>
<td>7.</td>
<td>Up to 02 special invitees from NBFC/ MFI (nominated by Chairperson)</td>
<td>Special Invitee</td>
</tr>
<tr>
<td>8.</td>
<td>Project Director - SUDA/ Mission Director - MEPMA</td>
<td>Member Convenor</td>
</tr>
</tbody>
</table>

**ANNEXURE - E**

Composition of City/ ULB level Committee to sponsor loan applications and monitor implementation of the scheme is as under:

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Designation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Municipal Commissioner (MC)/Executive Officer (EO)</td>
<td>Chairperson</td>
</tr>
<tr>
<td>2.</td>
<td>Lead District Manager (LDM)</td>
<td>Member</td>
</tr>
<tr>
<td>3.</td>
<td>Up to 03 non-official representatives of TVC/ provisional TVC, as nominated by the Municipal Commission/ EO</td>
<td>Member(s)</td>
</tr>
<tr>
<td></td>
<td>[Where even provisional TVC is not available, upto 3 members from street vendors association (s) in the town to be nominated by the MC/EO]</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Representative of NBFC/ MFI</td>
<td>Member(s)</td>
</tr>
<tr>
<td></td>
<td>[One each to be nominated by MC/ EO]</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Representative from CLF/ ALF</td>
<td>Member</td>
</tr>
<tr>
<td>6.</td>
<td>Project Officer DUDA/ MEPMA or equivalent officer from ULB</td>
<td>Convenor</td>
</tr>
</tbody>
</table>
Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)

Government through the Budget Speech announced three ambitious Social Security Schemes pertaining to the Insurance and Pension Sectors, namely Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana (PMSBY) and the Atal Pension Yojana (APY) to move towards creating a universal social security system, targeted especially for the poor and the under-privileged. Hon’ble Prime Minister launched PMJJBY and PMSBY schemes nationally in Kolkata on 9th May, 2015.

2. The Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) is a one year life insurance scheme, renewable from year to year, offering coverage for death due to any reason and is available to people in the age group of 18 to 50 years (life cover upto age 55) having a savings bank account who give their consent to join and enable auto-debit. The risk cover on the lives of the enrolled persons has commenced from 1st June 2015.

3. Under PMJJBY scheme, life cover of Rs. 2 lakhs is available for a one year period stretching from 1st June to 31st May at a premium of Rs.330/- per annum per member and is renewable every year. It is offered / administered through LIC and other Indian private Life Insurance companies. For enrolment banks have tied up with insurance companies. Participating Bank is the Master policy holder.

4. The assurance on the life of the member shall terminate on any of the following events and no benefit will become payable there under:

   1) On attaining age 55 years (age near birth day) subject to annual renewal up to that date (entry, however, will not be possible beyond the age of 50 years).

   2) Closure of account with the Bank or insufficiency of balance to keep the insurance in force.

   3) A person can join PMJJBY with one Insurance company with one bank account only.

5. Individuals who exit the scheme at any point may re-join the scheme in future years by paying the annual premium and submitting a self-declaration of good health.
Initial enrolment period in the scheme was from 1st May to 31st May ‘2015, which has now been extended up to 31st Aug’ 2015, by this date eligible persons can join the scheme without giving self-certification of good health, even though eligible persons can join the scheme on any date by paying the premium for full year. In case of claim the nominees/heirs of the insured person have to contact respective bank branch where the insured person was having bank account. A death certificate and simple claim form is required to submit and the claim amount will be transferred to nominees account.

******
RULES FOR THE PRADHAN MANTRI SURAKSHA BIMA YOJANA

DETAILS OF THE SCHEME:
The scheme will be a one year cover, renewable from year to year, Accident Insurance Scheme offering accidental death and disability cover for death or disability on account of an accident. The scheme would be offered / administered through Public Sector General Insurance Companies (PSGICs) and other General Insurance companies willing to offer the product on similar terms with necessary approvals and tie up with Banks for this purpose. Participating banks will be free to engage any such insurance company for implementing the scheme for their subscribers.

Scope of coverage: All savings bank account holders in the age 18 to 70 years in participating banks will be entitled to join. In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme through one savings bank account only. Aadhar would be the primary KYC for the bank account.

Enrollment Modality / Period: The cover shall be for the one year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated savings bank account on the prescribed forms will be required to be given by 31st May of every year, extendable up to 31st August 2015 in the initial year. Initially on launch, the period for joining may be extended by Govt. of India for another three months, i.e. up to 30th of November, 2015. Joining subsequently on payment of full annual premium may be possible on specified terms. However, applicants may give an indefinite / longer option for enrolment / auto-debit, subject to continuation of the scheme with terms as may be revised on the basis of past experience. Individuals who exit the scheme at any point may re-join the scheme in future years through the above modality. New entrants into the eligible category from year to year or currently eligible individuals who did not join earlier shall be able to join in future years while the scheme is continuing.

Benefits: As per the following table:

<table>
<thead>
<tr>
<th>Table of Benefits</th>
<th>Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Death</td>
<td>Rs. 2 Lakh</td>
</tr>
<tr>
<td>b. Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot</td>
<td>Rs. 2 Lakh</td>
</tr>
<tr>
<td>c. Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot</td>
<td>Rs. 1 Lakh</td>
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</table>

Premium: Rs.12/- per annum per member. The premium will be deducted from the account holder’s savings bank account through ‘auto debit’ facility in one installment on or before 1st June of each annual coverage period under the scheme. However, in cases where auto debit takes place after 1st June, the cover shall commence from the first day of the month following the auto debit.
The premium would be reviewed based on annual claims experience. However, barring unforeseen adverse outcomes of extreme nature, efforts would be made to ensure that there is no upward revision of premium in the first three years.

**Eligibility Conditions:**
The savings bank account holders of the participating banks aged between 18 years (completed) and 70 years (age nearer birthday) who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme.

**Master Policy Holder:** Participating Bank will be the Master policy holder on behalf of the participating subscribers. A simple and subscriber friendly administration & claim settlement process shall be finalized by the respective general insurance company in consultation with the participating Banks.

**Termination of cover:** The accident cover for the member shall terminate on any of the following events and no benefit will be payable there under:

1) On attaining age 70 years (age nearest birth day).

2) Closure of account with the Bank or insufficiency of balance to keep the insurance in force.

3) In case a member is covered through more than one account and premium is received by the Insurance Company inadvertently, insurance cover will be restricted to one only and the premium shall be liable to be forfeited.

4) If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium, subject to conditions that may be laid down. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of Insurance Company.

5) Participating banks will deduct the premium amount in the same month when the auto debit option is given, preferably in May of every year, and remit the amount due to the Insurance Company in that month itself.

**Administration:**
The scheme, subject to the above, will be administered as per the standard procedure stipulated by the Insurance Company. The data flow process and data proforma will be provided separately.

It will be the responsibility of the participating bank to recover the appropriate annual premium from the account holders within the prescribed period through ‘auto-debit’ process.

Enrollment form / Auto-debit authorization in the prescribed proforma shall be obtained and retained by the participating bank. In case of claim, the Insurance Company may
seek submission of the same. Insurance Company reserves the right to call for these documents at any point of time.

The acknowledgement slip may be made into an acknowledgement slip-cum-certificate of insurance.

The experience of the scheme will be monitored on yearly basis for re-calibration etc., as may be necessary.

**Appropriation of Premium:**

1) Insurance Premium to Insurance Company: Rs.10/- per annum per member
2) Reimbursement of Expenses to BC/Micro/Corporate/Agent : Rs.1/- per annum per member
3) Reimbursement of Administrative expenses to participating Bank: Rs.1/- per annum per member

The proposed date of commencement of the scheme will be 1\textsuperscript{st} June 2015. The next Annual renewal date shall be each successive 1\textsuperscript{st} of June in subsequent years.

The scheme is liable to be discontinued prior to commencement of a new future renewal date if circumstances so require.
Pradhan Mantri Shram Yogi Maan-dhan (PMSYM)

(A pension scheme for unorganised workers)

Government of India has introduced a pension scheme for unorganised workers namely Pradhan Mantri Shram Yogi Maan-dhan (PM-SYM) to ensure old age protection for Unorganised Workers.

The unorganised workers mostly engaged as home based workers, street vendors, mid-day meal workers, head loaders, brick kiln workers, cobblers, rag pickers, domestic workers, washer men, rickshaw pullers, landless labourers, own account workers, agricultural workers, construction workers, beedi workers, handloom workers, leather workers, audio-visual workers and similar other occupations whose monthly income is Rs 15,000/- per month or less and belong to the entry age group of 18-40 years. They should not be covered under New Pension Scheme (NPS), Employees’ State Insurance Corporation (ESIC) scheme or Employees’ Provident Fund Organisation (EPFO). Further, he/she should not be an income tax payer.

2. Features of PM-SYM: It is a voluntary and contributory pension scheme, under which the subscriber would receive the following benefits:

(i) **Minimum Assured Pension:** Each subscriber under the PM-SYM, shall receive minimum assured pension of Rs 3000/- per month after attaining the age of 60 years.

(ii) **Family Pension:** During the receipt of pension, if the subscriber dies, the spouse of the beneficiary shall be entitled to receive 50% of the pension received by the beneficiary as family pension. Family pension is applicable only to spouse.
(iii) If a beneficiary has given regular contribution and died due to any cause (before age of 60 years), his/her spouse will be entitled to join and continue the scheme subsequently by payment of regular contribution or exit the scheme as per provisions of exit and withdrawal.

3. Contribution by the Subscriber: The subscriber’s contributions to PM-SYM shall be made through ‘auto-debit’ facility from his/ her savings bank account/ Jan-Dhan account. The subscriber is required to contribute the prescribed contribution amount from the age of joining PM-SYM till the age of 60 years. The chart showing details of entry age specific monthly contribution is as under:

<table>
<thead>
<tr>
<th>Entry Age</th>
<th>Superannuation Age</th>
<th>Member’s monthly contribution (Rs)</th>
<th>Central Govt’s monthly contribution (Rs)</th>
<th>Total monthly contribution (Rs)</th>
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4. **Matching contribution by the Central Government:** PM-SYM is a voluntary and contributory pension scheme on a 50:50 basis where prescribed age-specific contribution shall be made by the beneficiary and the matching contribution by the Central Government as per the chart. For example, if a person enters the scheme at an age of 29 years, he is required to contribute Rs 100/- per month till the age of 60 years an equal amount of Rs 100/- will be contributed by the Central Government.

5. **Enrolment Process under PM-SYM:**
   The subscriber will be required to have a mobile phone, savings bank account and Aadhaar number. The eligible subscriber may visit the nearest **Common Services Centres (CSC eGovernance Services India Limited (CSC SPV))** and get enrolled for PM-SYM using Aadhaar number and savings bank account/ Jan-Dhan account number on self-certification basis.

   Later, facility will be provided where the subscriber can also visit the PM-SYM web portal or can download the mobile app and self-register using Aadhar number/ savings bank account/ Jan-Dhan account number on self-certification basis.

6. **Enrollment agency:** The enrolment will be carried out by all the Common Services Centres. The unorganised workers may visit their nearest CSC along with their Aadhar Card and Savings Bank account passbook/Jandhan account and get registered themselves for the Scheme. Contribution amount for the first month shall be paid in cash for which they will be provided with a receipt.

7. **Facilitation Centres:** All the branch offices of LIC, the offices of ESIC/EPFO and all Labour offices of Central and State Governments will facilitate the unorganised workers about the Scheme, its benefits and the procedure to be followed, at their respective centers.
In this respect, the arrangements to be made by all offices of LIC, ESIC, EPFO all Labour offices of Central and State Governments are given below, for ease of reference:

1. All LIC, EPFO/ESIC and all Labour offices of Central and State Governments may set up a “Facilitation Desk” to facilitate the unorganised workers, guide about the features of the Scheme and direct them to nearest CSC.
2. Each desk may consist of at least one staff.
3. They will have backdrop, standi at the main gate and sufficient number of brochures printed in Hindi and regional languages to be provided to the unorganised workers.
4. Unorganised workers will visit these centres with Aadhaar Card, Savings bank account/ Jandhan account and mobile phone.
5. Help desk will have onsite suitable sitting and other necessary facilities for these workers.
6. Any other measures intended to facilitate the unorganised workers about the Scheme, in their respective centers.

8. Fund Management: PM-SYM will be a Central Sector Scheme administered by the Ministry of Labour and Employment and implemented through Life Insurance Corporation of India and CSC eGovernance Services India Limited (CSC SPV). LIC will be the Pension Fund Manager and responsible for Pension pay out. The amount collected under PM-SYM pension scheme shall be invested as per the investment pattern specified by Government of India.

9. Exit and Withdrawal: Considering the hardships and erratic nature of employability of these workers, the exit provisions of scheme have been kept flexible. Exit provisions are as under:

   (i) In case subscriber exits the scheme within a period of less than 10 years, the beneficiary’s share of contribution only will be returned to him with savings bank interest rate.
(ii) If subscriber exits after a period of 10 years or more but before superannuation age i.e. 60 years of age, the beneficiary’s share of contribution along with accumulated interest as actually earned by fund or at the savings bank interest rate whichever is higher.

(iii) If a beneficiary has given regular contributions and died due to any cause, his/ her spouse will be entitled to continue the scheme subsequently by payment of regular contribution or exit by receiving the beneficiary’s contribution along with accumulated interest as actually earned by fund or at the savings bank interest rate whichever is higher.

(iv) If a beneficiary has given regular contributions and become permanently disabled due to any cause before the superannuation age, i.e. 60 years, and unable to continue to contribute under the scheme, his/ her spouse will be entitled to continue the scheme subsequently by payment of regular contribution or exit the scheme by receiving the beneficiary’s contribution with interest as actually earned by fund or at the savings bank interest rate whichever is higher.

(v) After the death of subscriber as well as his/her spouse, the entire corpus will be credited back to the fund.

(vi) Any other exit provision, as may be decided by the Government on advice of NSSB.

11. Default of Contributions:

If a subscriber has not paid the contribution continuously he/she will be allowed to regularize his contribution by paying entire outstanding dues, along with penalty charges, if any, decided by the Government.

12. Pension Pay out:

Once the beneficiary joins the scheme at the entry age of 18-40 years, the beneficiary has to contribute till 60 years of age. On attaining the age of 60 years, the subscriber will get the assured monthly pension of Rs.3000/- with benefit of family pension, as the case may be.
13. **Grievance Redressal**: To address any grievances related to the scheme, subscriber can contact at **customer care number 1800 267 6888** which will be available on **24*7 basis** (to be effective from 15 February 2019). Web portal/app will also have the facility for registering the complaints.

14. **Doubt and Clarification**: In case of any doubt on the scheme, clarification provided by the JS & DGLW will be final.

15. **CSC Locator**: For finding the nearest CSC, please visit locator.csccloud.in

*****
The Guidelines and Features of Life Cover under Pradhan Mantri Jan Dhan Yojana (PMJDY)

Preamble

The Hon’ble Prime Minister in his Independence Day Speech on 15th August, 2014 announced a comprehensive program of Financial Inclusion targeting the large number of people who are currently deprived of even rudimentary financial services. The Pradhan Mantri Jan Dhan Yojana (PMJDY) sets out to provide a basic Bank account to every family who till now had no account. The bank account comes with a RuPay debit card with a built-in accidental cover of Rs 1 lakh.

During the launch of the PMJDY scheme on 28.08.14 in New Delhi, Hon’ble Prime Minister announced a life cover of Rs. 30,000/- with the RuPay Card for all those who subscribe to a bank account for the first time during the period 15th August, 2014 to 26th January, 2015.

This Rs. 30,000/- life insurance cover under Pradhan Mantri Jan Dhan Yojana, will give a life insurance cover on death of the life assured, due to any reason, to the deceased’s family. The scheme aims to provide security to those families who cannot afford direct insurance, namely the urban poor and rural poor who are not covered under any social security scheme.

Benefits

The scheme provides for life cover of Rs. 30,000/- payable on death of the beneficiary due to any cause, subject to fulfillment of the following eligibility conditions:

Basic Eligibility Conditions

i. Person opening Bank account for the first time, with RuPay Card in addition, during the period from 15-08-14 to 26-01-15, or any additional period as may be extended further by Government of India.

ii. The person should normally be head of the family or an earning member of the family and should be in the age group of 18 to 59 (i.e. person should be at least 18 years old, and should not have turned 60). In case the head of family is 60 years or more of age, the second earning person of the family in the above mentioned age group will be covered, subject to eligibility.

Contd….2…
iii. Person must have a RuPay Card and Bio – Metric Card linked to bank account or in process of being linked to bank account if not already there.

iv. The account can be any bank account including a small account.

v. For the coverage to be effective the above RuPay Card should be valid and in force.

vi. Only one person in the family will be covered in the Bima Scheme and in case of the person having multiple cards / accounts the benefit will be allowed only under one card i.e. one person per family will get a single cover of Rs.30,000/-, subject to the eligibility conditions.

vii. The life cover of Rs 30,000/- under the scheme will be initially for a period of 5 years, i.e. till the close of financial year 2019-20. Thereafter, the scheme will be reviewed and terms and condition of its continuation, including the issue of future payment of premium by the insured thereafter, would be suitably determined.

Ineligible Categories

i. Central Government and State Government employees (in service or retired) and their families.

ii. Employees (in service or retired) of Public Sector Undertakings, Public Sector Banks, any entity owned by Central Government, any entity owned by a State Government or any entity jointly owned by the Central Government and any State Government, and their families.

iii. Persons whose income is taxable under I.T. Act 1961 or are filing the yearly Income Tax return or in whose case TDS is being deducted from the income, and their families.

iv. Persons who are included in the Aam Aadmi Bima Yojana covering 48 occupations defined under the Scheme, and their families.

v. Otherwise eligible account holders, who have life cover on account of any other scheme of the Bank against the account, shall have to choose between the two schemes and derive benefit from only one.

vi. All persons who do not fulfill the basic eligibility conditions of the scheme.

Death benefit eligibility

The nominee of the account holder will be entitled to receive death benefit of Rs.30,000/- in case of the unfortunate death of the account holder on account of any cause.

Exit from Scheme: The person will exit the scheme on reaching age 60 i.e. on the day the person turns 60.
Claim Settlement

a) The Claim amount of Rs.30,000/- is payable to the nominee(s) of the account holder. The Risk cover will be provided to the person from his age of 18 (Completed) till he attains the age of 60 years completed i.e. eligibility will cease on turning 60 years and he will exit the scheme on the day the person turn 60.

b) The claim settlement process will be decentralized to the Offices of LIC. The Process followed will be as follows:

i. Claim papers will be collected by the District Branch / Nodal Branch of the concerned Bank and submitted to the Pension & Group Scheme Units of LIC for processing of Claims.

ii. The Claim will be paid to the nominee who is the nominee in the Bank Account.

iii. The Claim amount will be credited to Bank account of the nominee through APBS/NEFT.
One Nation-One Ration Card scheme

Topics Covered: Food security related issues.

Context:

14 states/UTs yet to join the scheme.

About the scheme:

One Nation One Ration Card (RC) will ensure all beneficiaries especially migrants can access PDS across the nation from any PDS shop of their own choice.

Benefits: no poor person is deprived of getting subsidised foodgrains under the food security scheme when they shift from one place to another. It also aims to remove the chance of anyone holding more than one ration card to avail benefits from different states.

Significance: This will provide freedom to the beneficiaries as they will not be tied to any one PDS shop and reduce their dependence on shop owners and curtail instances of corruption.

Highlights of the scheme:

1. The poor migrant workers will be able to buy subsidised rice and wheat from any ration shop in the country but for that their ration cards must be linked to Aadhaar.
2. Migrants would only be eligible for the subsidies supported by the Centre, which include rice sold at Rs. 3/kg and wheat at Rs. 2/kg, It would not include subsidies given by their respective state government in some other state.

Standard format of ‘one nation, one ration card’:

A standard format for ration card has been prepared after taking into account the format used by different states.

- For national portability, the state governments have been asked to issue the ration card in bi-lingual format, wherein besides the local language, the other language could be Hindi or English.
- The states have also been told to have a 10-digit standard ration card number, wherein first two digits will be state code and the next two digits will be running ration card numbers.
• Besides this, a set of another two digits will be appended with ration card number to create unique member IDs for each member of the household in a ration card.

**Challenges:**

**Prone to corruption:** Every state has its own rules for Public Distribution System (PDS). If ‘One Nation, One Ration Card’ is implemented, it will further boost corruption in an already corrupted Public Distribution System.

The scheme will **increase the woes of the common man and, the middlemen and corrupt PDS shop owners will exploit them.**

Tamil Nadu has opposed the proposal of the Centre, saying it would **result in undesirable consequences and is against federalism.**

**Way Forward:**

The current migrant crisis should be seen as an opportunity to develop a national migration policy addressing the challenges faced by migrant workers’ productivity, living conditions and social security.

• While this must be done, the government must also **fast-track the ONORC scheme** because India’s present rights-based regime is based on the assumption that people are sedentary.

• The ONORC should **also include access to health and other things.**
Easy access

Under the ‘One nation, one ration card’ system, beneficiaries can buy subsidised foodgrains from a ration shop in any part of the country. The scheme will be rolled out across the country on: July 1, 2020

A migrant will be allowed to buy a maximum of 50% of the family quota. This is to ensure that the individual, after shifting to another place, does not buy the entire family quota in one go.

States providing portability of PDS entitlements:
- Andhra Pradesh, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Maharashtra, Rajasthan, Telangana and Tripura
- A person will only be eligible for the subsidies supported by the Centre, which include rice sold at ₹3/kg and wheat at ₹2/kg
- Even if a beneficiary moves to a State where grains are given for free, he/she will not be able to access those benefits

**Insta Links:**

**Prelims Link:**

1. What is PDS?
2. What is NFSA? Eligibility? Benefits?
3. How are fair price shops established?
4. Proposed format.

**Mains Link:**

Discuss the significance of One Nation One Ration Card scheme.

Sources: pib.