

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

[Form 1-B](#)

APPLICATION FORM FOR CLAIM OF SECOND INSTALLMENT UNDER PMMVY

**Mandatory fields\***

1. I, Smt. \_\_\_\_\_ (Registration name of beneficiary)\* has registered under the PMMVY scheme with Anganwadi Centre /Approved Health Facility /Village \_\_\_\_\_
2. Aadhaar/Identity number of beneficiary\*: \_\_\_\_\_ (enclose copy of proof)  
Identity Proof provided (tick one, as appropriate):
  - a) \_\_\_\_\_
  - b) Bank or Post Office photo passbook
  - c) Voter ID Card
  - d) Ration Card
  - e) Kishan Photo Passbook
  - f) Passport
  - g) Driving License
  - h) PAN Card
  - i) MGNREGS Job Card
  - j) Her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking;
  - k) Any other Photo Identity Card issued by State Government or Union Territory Administrations;
  - l) Certificate of identity with photograph issued by a Gazetted Officer on official letterhead;
  - m) Health Card issued by Primary Health Centre (PHC) or Government Hospital;
  - n) Any other document specified by the State Government or Union Territory Administration
3. Date of registration under PMMVY at Anganwadi Centre /Village\*: --/--/----
4. ANC Date\*: --/--/----
5. Tick yes, if already registered under the scheme\*: Yes  No   
(If no, then fill Form 1-A)(If yes, enclose copy of acknowledgement slip)\*
6. Date of claiming the second instalment under PMMVY scheme\* : --/--/----  
(Enclose a copy of MCP Card, and Aadhaar/Identity Card)\*
7. Health ID of beneficiary \_\_\_\_\_

Signature/Thumb Impression

Date

Place

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

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

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

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

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

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

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

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

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

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

9 Checklist of documents enclosed:

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

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** \_\_\_\_\_

