PMMVY FORMS
Form 1: Registration and Submission of Claims
**APPLICATION FOR REGISTRATION UNDER PMMVY 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/ Bldg./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>
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<tr>
<td>____________________</td>
<td>__________________</td>
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<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\textsuperscript{st} Installment ☐, 2\textsuperscript{nd} Installment ☐; 3\textsuperscript{rd} Installment ☐

6. Last Menstrual Period (LMP) Date*: ______________________ (dd/mm/yyyy) (enclose copy of MCP card) (this field is mandatory for claiming 1\textsuperscript{st} and/or 2\textsuperscript{nd} 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 V on the instalment already received by beneficiary under old MBP
    
    ☐ None ☐ 1\textsuperscript{st} Instalment • 3000/- ☐ 2\textsuperscript{nd} Instalment • 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 Enrollment 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.

g. [Name of Husband, as mentioned in the form] is my Husband 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

**Signature/Thumb Impression of beneficiary**

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
</tr>
</thead>
</table>

_________________________
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 affirm that 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>(Yes- Y</td>
<td>No – N</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*

I, 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/TownName: ________________________________
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. 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
   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;
      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

<table>
<thead>
<tr>
<th>Anganwadi Centre Name/Approved Health Facility Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anganwadi Centre Code*:</td>
</tr>
<tr>
<td>Village/Town Name:</td>
</tr>
<tr>
<td>Village Code*:</td>
</tr>
<tr>
<td>Anganwadi Worker / ASHA / ANM Name*:</td>
</tr>
<tr>
<td>Post Office Name:</td>
</tr>
<tr>
<td>Project:</td>
</tr>
<tr>
<td>District*:</td>
</tr>
<tr>
<td>State/UT*:</td>
</tr>
</tbody>
</table>

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></td>
<td></td>
<td>Yes Y</td>
</tr>
<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

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APPLICATION FORM FOR CLAIM OF THIRD INSTALLMENT UNDER PMMVY

Mandatory fields*

1. Name of beneficiary*: __________________________

2. Aadhaar/Identity number of beneficiary*: __________________________

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

   Note: Alternate ID for claiming this 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*: ☐ Yes ☐ No

   a. If yes, Name of Government approved facility __________________________

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

6. Gender of Child/Children*

   a. □ Male    □ Female (Please tick)

   In case of multiple births, fill the following:

   b. □ Male    □ Female (Please tick) (in case of twins)

   c. □ Male    □ Female (Please tick) (in case of triplets)

   d. □ Male    □ Female (Please tick) (in case of quadruplets)
7. First cycle of Vaccinations given*: 
   a. BCG or equivalent/substitute: ☐ Yes ☐ No
   b. OPV or equivalent/substitute: ☐ Yes ☐ No
   c. DPT or equivalent/substitute: ☐ Yes ☐ No
   d. Hepatitis-B or equivalent/substitute ☐ Yes ☐ No

8. Date of completion of first cycle of vaccinations*: ________________

9. Tick ‘Yes’ if beneficiary reports case of any previous still births: ☐ Yes ☐ No

10. Enclose copies of*: 
    a. Child Birth Certificate
    b. MCP card with immunization details

11. Health ID of beneficiary: ______________________________________

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

   Anganwadi Centre Name/Approved Health Facility Name: ________________
   Anganwadi Centre Code*: ________________
   Village/TownName: ________________
   Village Code*: ________________
   Anganwadi Worker / ASHA /ANM Name*: ________________
   Post Office Name: ________________
   Project: ________________
   District*: ________________
   State/UT*: ________________

   Date of Claiming 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</th>
<th>Yes/ Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aadhaar Card of beneficiary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MCP Card with immunisation Details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Child Birth Certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Acknowledgement Slip</td>
<td></td>
<td></td>
</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
(Form-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

(Branch 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 Aachara 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/INM)

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 I UID number 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

I 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 I our 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 ______/______/______

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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 | hh: mm: ss |

| 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 () | NAME |
| 7 | House No/ Bldg./Apt: | Street/Road/Lane: |
| 8 | Landmark: | Area/locality/sector: |
| 9 | Village/Town/City: | Post Office: |
| 10 | District: | Sub-District: | State: |
| 11 | E Mail: | Mobile No: | PIN CODE: |
| 12 | Verification Type: | Document Based () | Introducer Based () | Head of Family () |
| 13 | 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. |

8 | 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. | For HoF Based - Details of: Father () | Mother () | Guardian () | Husband () |
| Wife () |
| HoF’s EID/Aadhaar No.: | dd | yyyy | hh: mm: ss |
| Introducer/HoF’s Name: |
| I hereby confirm the identity and address of ________________________________ as being true, correct and accurate. |
| 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 Enrolment Agency only

Date & time of Enrolment:

---
[FILLED UP FORM SHOULD BE SUBMITTED TO AUTHORISED PERSONS ONLY]

**Form 3**

**FOR UPDATING/CHANGING DETAILS OF REGISTERED PMMVY BENEFICIARY**

(Details to be filled by beneficiary and submitted to Anganwadi Worker / ASHA / ANM)

*(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

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Old:</strong></td>
</tr>
<tr>
<td>House number/Flat number:</td>
</tr>
<tr>
<td>Street/Building name:</td>
</tr>
<tr>
<td><strong>Village/ Town/ City</strong>*:</td>
</tr>
<tr>
<td>Block:</td>
</tr>
<tr>
<td>P.O. Name:</td>
</tr>
<tr>
<td>District*:</td>
</tr>
<tr>
<td>State/UT*:</td>
</tr>
<tr>
<td>PIN code*:</td>
</tr>
<tr>
<td><strong>New:</strong></td>
</tr>
<tr>
<td>House number/Flat number:</td>
</tr>
<tr>
<td>Street/Building name:</td>
</tr>
<tr>
<td><strong>Village/ Town/ City</strong>*:</td>
</tr>
<tr>
<td>Block:</td>
</tr>
<tr>
<td>P.O. Name:</td>
</tr>
<tr>
<td>District*:</td>
</tr>
<tr>
<td>State/UT*:</td>
</tr>
<tr>
<td>PIN code*:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobile Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Old</strong>:</td>
</tr>
<tr>
<td><strong>New</strong>:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank / P.O. account details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Old</strong>:</td>
</tr>
<tr>
<td><strong>New</strong>:</td>
</tr>
<tr>
<td>Old*</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Name as in Bank/P.O. account:</td>
</tr>
<tr>
<td>Account Number</td>
</tr>
<tr>
<td>Bank Name/P.O. Name:</td>
</tr>
<tr>
<td>Branch Name (in case of bank account):</td>
</tr>
<tr>
<td>is the bank account Aadhaar seeded?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Change in name as in Aadhaar**

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

**Replacing Identity Proof with Aadhaar**

- For Beneficiary
- for Husband

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

(enclose copy of Identity Card)

*Must be filled in case of change in name in Aadhaar card.

Date

Place
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Latest Aadhaar Card of beneficiary</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Old Aadhaar Card of beneficiary</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Page of new Pass Book showing name, account number and bank name</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Copy of Alternate ID Card (Identity Card should be same as the one used for registration under the scheme)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</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

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:

 o Address
 o Mobile Number
   Bank/ P.O. account details
 o Change in name as in Aadhaar
 o Replacing Other Identity Proof with Aadhaar details

Signature

Name of AWW/ ASHA /ANM
Date
Place