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ANNEXURE

Model Format of JSY card

To be filled by ANM/Health Worker on Identifying a beneficiary. Ensure that she is picked up in the Scheme at the earliest, preferable in the First Trimester of the pregnancy.
Note that the Mother and Child card should be enclosed with JSY card for claiming the benefit the Scheme)

Please use Capital letters, one letter in each box and leave one box after each word

Date of filling the Application:/...../20.....

RT I - IDENTIFICATION		IDENTIFICATION No.							
Sub-Center's Name									
1. Primary Health Center									
2. Applicant's Name: (Pregnant Women)									
3. Husband's Name:									
3. Applicant's Address									
4. Husband's Occupation		4.1 Daily wage/self employed/vagabond/Rag-picker/small vendors in village Haat/Bazar/others (Please use tick mark)							
		4.2 If others, please specify:							
5. Beneficiary of any these schemes?		NMBS/NFBS/NOAPS/Targeted PDS /Antyodaya Anna Yojana/ Beneficiary of any other social assistance schemes of State or GOI for BPL families /others etc.							
		(Please specify and enclose document if available)							
6. Possess a BPL card?		YES/NO (Please use tick mark)		If Yes, BPL Card No. (Enclose a copy)					
6.1 If NO, any other certification required? (Keeping in view para 5 above)		YES/NO (Please use tick mark) (If YES, ANM/Dai/Health Worker/AWW to assist/complete the activity within 2 weeks of filling this application)							
7. Applicant's Place of living		Rural/Urban/ slums (Please use tick mark and cut others)							
8. Is she 19 years /and above?		YES/NO (Please use tick mark)							
9. Currently in which month/week of Pregnancy?									
10. Ex. Date of delivery									
11. Order of Present pregnancy ?		1/2/3 (Please use tick mark)							
12. Is this pregnant woman eligible under JSY?		Y/N (To be certified by ANM/S/O)							
13. Name of the identified place of Delivery? Please record it in your daily dairy for future monitoring)		(Explain the benefits of delivering at a Health Center under JSY)							
14. ASHA/EW (Linked to this case if any preferably from same village/urban slum)		Name: Add:							
Verified by ANM/AWW/ASHA etc.		Signature/TF of the Applicant							

Are the documents complete for considering disbursement of the benefit?	(If NO, state Reasons and also inform the beneficiary) YES/NO
5. Type of delivery?	Normal/Complicated/ Caesarean, (State the complication if any and enclose a copy of the discharge slip)
4. If requiring Caesarean section, was any expert hired for coming to the Health Center for deliver?	Y/N If Y, how much money paid to the expert? Rs.
5. Was the woman referred to any health center for receiving obs. Services with referral slip?	YES/NO
6. How much cash paid to the pregnant woman? And when (Indicate date)	Rs. _____ Date of payment _____ If delayed, reason ? _____ Signature of ANM/A _____
How much cash paid to the accredited worker? And when (Indicate date)	Rs. _____ Date of payment _____ If delayed, reason ? _____ Signature of ANM/A _____
<p>I have satisfied myself with the facts stated above and as per the norms of JSY, I recommended/approved/authorized Smt./Ms. _____ ANM/Health worker to pay a sum of Rs. _____ to the beneficiary, Smt. _____ and a sum of Rs. _____ to the Trained Registered Dai, Smt./Ms. _____, to be paid in _____ installment. I have checked the maternal Card (enclosed with this) of this women and found that she received the desired ANC's and the regular immunization of the new born.</p>	
(Name and Designation of the authorized/Medical _____)	