

Format of JSY card for Municipality and other Corporation areas

Note : The JSY card is to be filled by any of the following persons : Medical Officer / GNM / ANM of Government and semi Government facilities including health facilities run by NGOs, charitable trust and voluntary organization within the municipal area, any registered Medical Practitioner / private doctor. is also entitled to issue the JSY card, Honorary Health Worker of the Municipality.

Please note that the MCH card should be enclosed with JSY card for claiming the benefit of the Scheme

(Please use Capital letters, one letter in each box and leave one box after each Word.)

Date of filling the Application : / 20

PART 1 - IDENTIFICATION & ELIGIBILITY		IDENTIFICATION No.																	
A. Name of Corporation / Municipality / Notified area																			
B. (i) Borough No. (ii) Ward No.																			
C. Name of District																			
1. Applicant's Name and Age (Pregnant Women)																			
2. Husband's Name																			
3. Applicant's Address																			
4. Beneficiary of any of these schemes ? NFBS / NOAPS / Targeted PDS / Antyodaya Anna Yojana / Beneficiary of any other social assistance schemes of state or GOI for BPL families / other etc.		(Please specify and enclose document if available)																	
5. Possess a BPL card ?	YES / NO (Please use tick mark)	If Yes, BPL Card No. (Enclose a copy)																	
6. If NO, any other certification available ?		YES / NO (Please use tick mark)																	
		Certified by MLA / MP / Councillor / Commissioner																	
7. Date of pregnancy registration																			
8. Expected date of delivery																			
9. Order of present pregnancy	1 / 2 / 3 (Please use tick mark)																		
10. No. of living children	1 / 2 / 3 (Please use tick mark)																		
11. Maternal and newborn care card issued	YES / NO																		
12. Received MCH services upto 3rd trimester	YES / NO																		
13. Name of the identified place of Delivery (Please record it in your daily diary for future monitoring)																			
14. Is this pregnant women eligible under JSY ?	YES / NO																		
		(To be certified by Authorized Signatory *)																	

Signature / TI of the Applicant

I have satisfied myself with the facts stated above and as per the norms of JSY, I recommend for payment of Rs. 500.00 to the beneficiary. I have checked the MCH Card (Enclosed with this) of this women and found that she has received the desired ANCs.

(Name and signature of the officer / person responsible for JSY)

Date :

Received Rs. 500.00

Signature / TI of the Applicant

* Authorized signatories are as follows : Medical Officer / GNM / ANM of Government and semi government facilities including Health facilities run by NGOs, charitable trust and voluntary organization within the municipal area, any registered Medical Practitioner / Private doctors, Honorary Health Worker of the Municipality.

PART - II - DELIVERY PARTICULARS

15. Place of Delivery	Government / Municipal Health Facility (Please use tick mark and indicate name)
16. Date of Delivery	
17. Normal delivery / Complicated delivery / Caesarean ?	N / Compl / CS (If Caesarean, indicate where performed)
18. Discharge Certificate issued (in case of live birth of institution)	YES / NO
19. Is she an eligible beneficiary for additional Rs. 100.00 under JSY ? (Only for institutional deliveries)	YES / NO (If No, state Reasons and also inform the beneficiary)

I have satisfied myself with the facts stated above and as per the norms of JSY, I disburse a sum of Rs. 100.00 to the beneficiary, I have checked the Discharge Certificate of this women and found that she has delivered at a Govt. / Municipal health facility and newborn has received vaccination.

(Name and signature of the Officer / person in charge of JSY)

Date :

Received Rs. 100.00

Signature / TI of beneficiary