<u>"Janani Suraksha Yojana"</u>

Objective of the scheme:

To promote Institutional deliveries which will contribute towards reduction of maternal and neonatal deaths.

Salient feature of the scheme:

Women can avail monetary benefit i.e. Rs.700/- for rural and Rs.600/- for urban area if they belong to the BPL family or any women of the SC/ST community irrespective of their income.

Eligibility Criteria:

Women belonging to BPL family or any women of the SC/ST community irrespective of their income.

Requirement of Documents to avail the Scheme:

Aadhar card, Caste certificate, Ration card (BPL).

Prescribed form if any: Yes. Form enclosed.

Mode or procedure to avail the benefit of scheme:

- Registration of the beneficiary during the antenatal period by the ANM at the PHC/CHC/UHC.
- Application forwarded to the Health Officer of respective PHC/CHC/UHC.
- Transfer of funds to the beneficiary account within 7 days of delivery by DBT mode.

Details of Office where the application to be submitted:

Office of the Health Officer or Medical Officer I/C of the respective CHC/PHC/UHC.

JANANI SURAKSHA YOJANA

(Note: To be filled by ANM/Health Worker on Identifying a beneficiary. Ensure that she is picked up in the Scheme at the earliest, preferably in the First Trimester of the pregnancy. Please note that the Mother and Child card should be enclosed with JSY card for claiming the benefit -of the Scheme). 1

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

Date of f	illing the	Applicati	on:				_/20_				
PART I: IDENTIFICATION	IDENTIF	TCATIO	N			1					
A. Name of the Sub-Centre	IDIAN LIL	10/11/0		and the second s			Anne and a		en op needer		
and the second		den 1 dan 1 meruna yang dan 1990 ang dan 1990									
B. Primary Health Centre		1 1	-	T		T	T				
1. Name of the beneficiary						1					
(Pregnant Woman)							_			1	
2. Husband's Name;											
3. Address			TEACH ?		1.1						
4. Husband's Occupation	n 4.1 Daily wages/self employed/vagabond/Rag-pic vendor/village Haat/Bazar/Others (Please use tic								nall .)		
	4.2 If oth Specify:	.2 If others, please									
5. Beneficiary of any other Schemes?		and the particular of the second s		1							
NMBS/NFBS/NOAPS/Targeted PDS/	Antvodav	a Anna	quis	The last							
Yojana/Beneficiary if any other social a	ssistance	schemes	of								
State or GOI for BPL families/others e	tc			Diago	enerifi	and en	lose d	ocument	ifava	ilable	
		~	Jan 1	IfYe	BPI	Card	No.	Enclo	sed	copy	
6. Possess a BPL Card?	YES/N			1110	5, 011	Juli	1101	1	T	T	
		encircle		-	-						
1. 613	strike o	ut others)	1	atrilia	out of	hore		-l	-	
6.1 If NO, any other certification	YES/NO (Please encircle and strike out others) If YES, ANM/Dai/Health Worker/AWW to assist complete t						te the				
required	If YES, ANM/Dai/Health worker/Aww to assist compare in activity within 2 weeks of filling this application)										
-	activity	Within 2	WCCA		irele	and str	ike o	ut oth	ers)	and a Coloran designed	
7. Beneficiary's place of living	Rural/Urban/Slum (Please encircle and strike out others) YES/NO (Please encircle and strike out others)										
8. Is She 19 years and above?			e encir	cie anu	SUITE	ouro	11615				
9. Currently in which month/week of F	regnancy			Langerer				1911			
10. Expected date of delivery			1.3 81.	10.0			1				
11. Order of Present Pregnancy?	1/2/3 (Please encircle and strike out others)										
12. Is this pregnant woman eligible							There A	NTAR	NUM	0)	
under JSY?				<u>(To</u>	be ce	rtified	by A	ININI D.	TALIAT	<u> </u>	
13. Name of the identified place of				1000					. (\r	
Delivery?	1										
(To be recorded in daily diary by							nital 1	nder I	SY)		
ANM for future monitoring)	(Explain the benefits of delivering in a hospital under JSY)										
14. ASHA/EW (Linked to this case if	Name:	The second second second second second	By fac	18 01 12	The Arres						
			ion	dia							
any preferably from same	Add:		. As								
village/urban slum) Verified by ANM/AWW/ASHA etc.	1	T	T								
Verified by AINIVIAW W/ASTIA etc.								1	1		
DEL WEDV							-	warmen and the			
PART : II - DELIVERY	Name	Designat	ion/Re	lationsl	nip:						
15. Who accompanied the beneficiary	Name/Designation/Relationship:										
to the Health Centre ?			(5	Signatu	re/TI	ofthe	accor	npany	ing p	erson	
										20.1	
16. Was the above accredited worker				ARE S.	-						
present with the beneficiary during	- made -										
the entire period of her stay in	(To be certified by ANM/SN/Me										
hospital and provided support?	DUC	CHC/Priv	rate (P	lease us	se tick	mark	and i	ndicat	e nar	ne)	
17. Place of Delivery	FRUM	PHC/CHC/Private (Please use tick mark and indicate name)									
		an an an in a la sur an		CALL STREET							
18. Date of Delivery	127/02.0	If Caesar	ann In	dicate	where	perfor	med)			
19. Normal delivery/Caesarean?	INC (u cacsai	ville 11	-							
				TT	TT	TT					
20. Outcome					- fame inform	••••••••••••••••				a	

YES/No						
Y/N Signature/TI of the Applicant						
(To be verified by ANM/SN/Other Health Official)						
Name/Relation/ASHA						
Walking/hand cart/bullock cart/rickshaw/car/tempo/jeep etc.						
If Yes, Amount Paid Rs.						
(Name/designation)						
Verified by the ANM/ASHA/MO/Authorized signatory 1. 2.						
Verified that the above facts are correct Name: Signature/TI of the ANM/MO						
						e Medical Officer/Authorised Officer) YES/NO
YES/NO						
Normal/complicated/Caesarean, (State the complication if any and enclose a copy of the discharge slip)						
Y/N If Yes, how much money paid to the expert? Rs.						
YES/NO.						
Rs. Date of payment if delayed, reason: Signature of ANM/ASHA						
Rs. Date of payment 1 delayed reason: Signature of ANM/ASHA						
d above and as per the norms of JSY, ANM/health Worker to ered Dai, Smt./Ms						
desired ANCs and the regular immunization o						

(Name and Designation of the Officer i/c.)

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