

“Janani Suraksha Yojana”

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.

| | |
|---|---|
| 21. Chose immediately to undergo sterilization in the health facility voluntarily? | YES/No |
| 22. If YES, has the mother received compensation in the health center ? | Y/N Signature/TI of the Applicant |
| 23. Order of Present Birth (If live birth) | 1/2/3 |
| 24. During the present pregnancy, ever referred to the Health Centre due to complication? If YES, date and what complication. | (To be verified by ANM/SN/Other Health Official) |
| 25. Who accompanied her to the health center then? | Name/Relation/ASHA |
| 26. Mode of travel to the health facility | Walking/hand cart/bullock cart/rickshaw/car/tempo/jeep etc. |
| 27. Any money paid then to the applicant for transport? | If Yes, Amount Paid Rs. |
| 28. Who paid? | (Name/designation) Verified by the ANM/ASHA/MO/Authorized signatory |
| 29. Two independent witness and their signatures/Thumb impression | 1. 2. |
| 30. Name of ANM/Dai/Health Worker who filled this form. Signature/thumb impression with date | Verified that the above facts are correct Name: Signature/TI of the ANM/MO |
| PART : III – SUMMARY (For sanctioning by the Medical Officer/Authorised Officer) | |
| 1 Is She an eligible beneficiary for JSY? | YES/NO |
| 2 Are the documents complete for considering disbursement of the benefit? | YES/NO |
| 3. 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 centre for delivery? | Y/N If Yes, how much money paid to the expert? Rs. |
| 5. Was the woman referred to any health center for receiving obstetric 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/ASHA |
| How much cash paid to the accredited worker? And when (Indicate date) | Rs. _____ Date of payment _____ if delayed, reason: _____ Signature of ANM/ASHA |
| 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 sum of Rs. _____ to the Trained Registered Dai, Smt./Ms _____, to be paid in two installment. I have checked the maternal card (enclosed with this) of the said beneficiary and found that she has received the desired ANC's and the regular immunization of the new born. | |
| (Name and Designation of the Officer i/c.) | |