

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.)	