AYUSHMAN BHARAT
PRADHANMANTRI—JAN AROGYA YOJANA

Form for New Enrollment

—West Bengal

DATE: DD/MM/YYYY

BASIC BENEFICIARY DETAILS

AADHAR NO.	APPLICANT NAME	RATION CARD NO.

CATEGORY

☐ AAY ☐ SPHH ☐ PHH ☐ RKSY-1 ☐ RKSY-2 ☐ GEN

AADHAR LINKED MOBILE NUMBER	GENDER	DATE OF BIRTH
	☐ Male ☐ Female ☐ Other	☐☐/☐☐/☐☐☐☐ DD/MM/YYYY

FULL ADDRESS (HOUSE NO. / STREET / VILLAGE / WARD)

DISTRICT	BLOCK/ULB	GRAM PANCHAYAT / WARD

FAMILY HEAD NAME	TOTAL FAMILY MEMBERS	PAN NO.

ELECTORAL DETAILS (if above 18)

EPIC NUMBER	AC NUMBER	PART NUMBER	SERIAL NUMBER

SWASTHYA SATHI DETAILS

SS URN NO. (17-DIGIT)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ELIGIBILITY PARAMETERS

FOR RURAL

ITEM/CRITERIA	YES	NO
Only one room with kucha walls and kucha roof	☐	☐
No adult member between age 16 to 59	☐	☐

Female headed households with no adult male member between age 16 to 59	☐	☐
Disabled member and no able-bodied adult member	☐	☐
SC/ST households	☐	☐
Landless households deriving major part of their income from manual casual labour	☐	☐
Destitute/living on alms	☐	☐
Manual scavenger families	☐	☐
Primitive tribal groups	☐	☐
Legally released bonded labour	☐	☐

FOR URBAN

ITEM/CRITERIA	YES	NO
Rag picker	☐	☐
Beggar	☐	☐
Domestic worker	☐	☐
Street vendor / Cobbler / hawker / Other service provider working on streets	☐	☐
Construction worker / Plumber / Mason / Labour / Painter / Welder / Security guard / Coolie and another head-load worker	☐	☐
Sweeper / Sanitation worker / Mali	☐	☐
Home-based worker / Artisan / Handicrafts worker / Tailor	☐	☐
Transport worker / Driver / Conductor / Helper to drivers and conductors / Cart puller / Rickshaw puller	☐	☐
Shop worker / Assistant / Peon in small establishment / Helper / Delivery assistant / Attendant / Waiter	☐	☐
Electrician / Mechanic / Assembler / Repair worker	☐	☐
Washer-man / Chowkidar	☐	☐

ADDITIONAL INFORMATION

ITEM/CRITERIA	YES	NO
Aged > 70	☐	☐
None of my family members are ASHA/AWW/AWH	☐	☐

EXCLUSION CRITERIA CHECK

ITEM/CRITERIA	YES	NO
Family Income > 8 lakh per year	☐	☐
Any member of family paying Income Tax	☐	☐
Found in ASDD List for SIR/BLA 2026 poll	☐	☐
Pending under SIR Appellate Tribunal	☐	☐
Pending CAA application	☐	☐
Beneficiary name deleted from Annapurna Yojona beneficiary list	☐	☐

DECLARATION & CONSENT—BENEFICIARY

☐ I hereby declare that above information is true to the best of my knowledge and I have provided all the supporting documents where Applicable and **HAVE NOT** missed any criteria as mentioned above. I Understand that my social protection benefits will be stopped if any information provided by me turns out to be false.

SIGNATURE / THUMB IMPRESSION OFAPPLICANT

✂ **Receipt**

AADHAR NO.	APPLICANT NAME	RATION CARD NO.

GENDER ☐ Male ☐ Female ☐ Other	DATE OF BIRTH ☐☐/☐☐/☐☐☐☐ DD/MM/YYYY

JKS Name & Signature:

FLW

FLWNAME

DESIGNATION:

☐ Recommended ☐ Not Recommended

SIGNATURE

DATE OF ENQUIRY

FOR OFFICIAL USE ONLY

For Verifying Officer

Beneficiary ☐ Eligible ☐ Non-Eligible for inclusion under ABPM-JAY

REMARKS/OBSERVATIONS:

VERIFIER NAME

DESIGNATION

DATE: DD/MM/YYYY

☐☐/☐☐/☐☐☐☐

SIGNATURE