



GOVERNMENT OF SIKKIM  
HEALTH CARE, HUMAN SERVICE & FAMILY WELFARE DEPARTMENT  
TASHILING SECRETARIAT  
GANGTOK

“Proud Mother” Scheme

photo Mother	Photo Child
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**Registration Form**  
**Pregnant Mother (√): 1<sup>st</sup> live birth / 2<sup>nd</sup> live birth**

1. RCH portal registration No: \_\_\_\_\_
  - a) Place of registration: \_\_\_\_\_
  - b) Place of delivery: \_\_\_\_\_

(PHSC/PHC/CHC/DH/STNMH/CRH)

1. Name and Age of the PW: \_\_\_\_\_  
Husband / Father’s Name: \_\_\_\_\_
2. District/GPU/Ward: \_\_\_\_\_
3. SSC/CoI No (mandatory): \_\_\_\_\_
4. ST/SC/OBC/Others (not mandatory): \_\_\_\_\_
5. Mothers Bank Account No: \_\_\_\_\_
6. Branch/IFSC code: \_\_\_\_\_
7. Aadhar No: \_\_\_\_\_
8. Antenatal check up with dates 1<sup>st</sup> /2<sup>nd</sup> /3<sup>rd</sup> /4<sup>th</sup>  
\_\_\_\_\_
9. RCH portal Registration no. of the Infant: \_\_\_\_\_
10. Birth registration of new born: \_\_\_\_\_
11. Immunization Details: \_\_\_\_\_
12. Name of the ANM & ASHA for follow up of the child up to 6 years:  
\_\_\_\_\_
13. Mobile no (Mother/Father): \_\_\_\_\_

(Sl.no 9 to 12 is for the New Born)

**Signature of CMO/DMS/MO**

Document received:-

1. Application/Undertaking (Yes/No)
2. Certificate from SDM/RO (Yes/No)
3. Certificate from SE/PWD (Roads) (Yes/No)