



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)



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**“Proud Mother” Scheme  
Application cum Undertaking Form**

I..... Wife/daughter of..... aged..... R/o  
..... hereby submit an undertaking to the HC,HS & FW  
Department, GoS as detailed below:-

1. That I am a beneficiary for **“Proud Mother” scheme** registered under  
..... DH/CHC/PHC/PHSC/STNMH of.....  
district for **1<sup>st</sup>/2<sup>nd</sup> live birth**.
2. That I and my husband do not belong to **Class I and IA contractors**.
3. That I and my husband do not have **more than five hectares** of land.
4. That I and my husband is **not a regular Government of Sikkim  
Employees** as per Sikkim service rules.
5. That under the scheme the department has agreed to pay Rs 7,000/- ( for  
first live birth) /- Rs 10,000 for (2<sup>nd</sup> live birth) for mother and Rs 500/-  
monthly for the newborn baby till six years (72 months) through Direct  
Benefit Transfer.

I have signed this undertaking after fully understanding the terms and  
conditions of the above mentioned scheme. On verification if the documents are  
found to be false, my registration under Proud Mother Scheme may be  
cancelled.

Signature

The undertaking has been signed in presence of:-

Date and place.

**Certificate from SDM/RO/BDO**  
**To avail benefit under “Proud Mother” Scheme of**  
**Health Care, Human Service & Family Welfare Department.**  
**Government of Sikkim**

This is to certify that Shri .....  
s/o..... r/o ..... do not have  
more than five ( 5) hectares of land as per our record.

Signature with seal

Date:

Place:

**Certificate from SE/PWD (Roads)**  
**To avail benefit under “Proud Mother” Scheme of**  
**Health Care, Human Service & Family Welfare Department.**  
**Government of Sikkim**

This is to certify that Shri .....  
s/o..... r/o ..... do not belong  
to Class I or Class I A Contractor.

Signature with seal

Date:

Place: