

**AYUSHMAN BHARAT  
PRADHANMANTRI—JAN AROGYA YOJANA**  
Form for Vay Vandana Scheme (For Beneficiary Aged > 70 years)  
—West Bengal

DATE: DD/MM/YYYY

**BASIC BENEFICIARY DETAILS**

AADHAR NO.	APPLICANT NAME	RATION CARD NO.
<hr/>	<hr/>	<hr/>

**CATEGORY**

AAY    SPHH    PHH    RKS-1    RKS-2    GEN

AADHAR LINKED MOBILE NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH □□ / □□ / □□□□ DD/MM/YYYY
<hr/>		

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

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DISTRICT	BLOCK/ULB	GRAM PANCHAYAT / WARD
<hr/>	<hr/>	<hr/>
FAMILY HEAD NAME	TOTAL FAMILY MEMBERS	PAN NO.
<hr/>	<hr/>	<hr/>

**ELECTORAL DETAILS**

EPIC NUMBER	AC NUMBER	PART NUMBER	SERIAL NUMBER
<hr/>	<hr/>	<hr/>	<hr/>

**SWASTHYA SATHI DETAILS**

SS URN NO. (17-DIGIT)

□□□□□□□□□□□□□□□□

✂ ..... Receipt ..... ✂

AADHAR NO.	APPLICANT NAME	RATION CARD NO.
<hr/>	<hr/>	<hr/>
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH   □□ / □□ / □□□□	DD/MM/YYYY
<hr/>	<hr/>	<hr/>

JKS Name & Signature:



## EXCLUSION CRITERIA CHECK

ITEM/CRITERIA	YES	NO
Found in ASDD List for SIR/BLA 2026 poll	<input type="checkbox"/>	<input type="checkbox"/>
Pending under SIR Appellate Tribunal	<input type="checkbox"/>	<input type="checkbox"/>
Pending CAA application	<input type="checkbox"/>	<input type="checkbox"/>

## 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  
OF APPLICANT

## 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