

**AB PM-JAY / CMAAY Enrollment Form – General Public**

Reference No. : \_\_\_\_\_

<b>1</b>	Name of Head of the Family (in Capital Letters) :				
<b>2</b>	Father/Spouse Name :				
<b>3</b>	Permanent Address :	Address Line1			
		Address Line2			
		Village / Town			
		District			
		PIN			
<b>4</b>	ST Certificate Number* :				
<b>5</b>	Ration Card No :				
<b>6</b>	Resident Certificate Number (RC)* :				
		(Exclusively for Non-APST Beneficiaries of Lohit, Changlang & Namsai District)			
<b>7</b>	Contact Number* :	Alternate Contact Number :			
<b>8</b>	Details of beneficiary and dependents:				
Sr.	Name	Date of Birth /Age	Relationship	Marital Status (Y/N)	Aadhaar card No.*
I			Self		
II					
III					
IV					
V					
VI					
VII					

Note\*:- All \* marked fields are mandatory

NB: Additional pages may be added for filling in family & dependent details.

I ..... (Name of Head of the Family) hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

I hereby state & undertake that I have no objection in authenticating myself with Aadhaar based Authentication system and hereby give my voluntary consent as required under the Aadhaar Act 2016 and Regulations framed thereunder for seeding my Aadhaar number to provide benefits and services under CMAAY and AB PM-JAY.

Checklist of documents attached (Please tick  which ever is applicable)

- 1 Copy of Aadhaar Card
- 2 Copy of ST Certificate
- 3 Copy of Ration Card
- 4 Copy of RC

\_\_\_\_\_  
Signature of Head of Family  
Contact No.

Imp. Note: - \*Photo copy of ST Certificate / RC AND Aadhaar card of all members to be submitted along with this form.

**Official Use Only**

HHID as per SECC Data (if available) : \_\_\_\_\_

Enrollment Executive Name : \_\_\_\_\_ Contact Number \_\_\_\_\_