

F.No.9-5/2012-IGMSY
Government of India
Ministry of Women & Child Development

Shastri Bhawan, New Delhi
Dated: 23rd April 2013

To,

**The Principal Secretaries/Secretaries/Administrators, Women and Child Development
Department dealing with IGMSY Scheme (all States/UTs)**

Subject: Digitization of beneficiary data under IGMSY Scheme

This is in connection with the roll out of Aadhaar enabled Direct Benefit Transfer (DBT) under Indira Gandhi Matritva Sahyog Yojana (IGMSY). At present nine districts in nine States are covered for the first phase of implementation of DBT for IGMSY scheme. They are Amaravati (Maharashtra), North Goa (Goa), Dharwad (Karnataka), Chandigarh(Chandigarh),North-West Delhi (Delhi) and Diu (Daman and Diu),Udaipur (Rajasthan),West Sikkim (Sikkim) and Dhalai(Tripura).

2. For effective implementation of Aadhaar-based cash transfer, there are some pre-requisites to be in place. One of the important requirements of Aadhaar enabled transfer is digitization of beneficiary data. There must be high Aadhaar penetration level for all beneficiaries and beneficiaries should have bank/post office accounts, with all banks being Aadhaar-compliant.
3. For digitization of beneficiary data, the following steps need to be undertaken:
 - i. As per the existing guidelines, the Aadhaar Number (which is a 12-digit unique number) of the beneficiaries (if available) is being collected at the Anganwadi Centre (AWC) and is majorly available at AWC only. To ensure the Aadhaar enabled cash transfer, Aadhaar numbers along with the accounts details of the beneficiaries are to be sent with other details to the CDPO level, where digitization of beneficiaries' data needs to be taken up immediately.
 - a. For compiling this information, this Ministry has designed a new proforma, to be filled by the AWW for each of the beneficiary (see attachment Annexure B titled Part II (C)

Individual record of beneficiaries') in addition to the existing monthly progress report. This proforma is to be filled up the existing beneficiaries and for the new beneficiaries (not for the beneficiaries, who have already exited from IGMSY after receiving all the three installments).

- b. The Supervisors should collect these proformas from the AWCs under their charge and send them alongwith the existing monthly report namely, 'Annex G (ii): Monthly Progress Report of IGMSY by Supervisor' to the CDPO for digitized compilation in Excel sheet as per new proforma (see- attachment Annexure C titled ' Annex G(iii) add: Additional monthly Report of IGMSY by CDPO'). First such report should be submitted by CDPO to DPO for onward transmission to this Ministry through the State Government.
- c. The States may use services of additional manpower like data-entry operator for this purpose, for which the funds under the head 'contingency' of IGMSY may be utilized.

ii. For digitization purpose i.e. generating **Annexure C**, the CDPOs shall enter the data from **Annexure B** in web-based application software developed by NIC (MWCD). This application is available in the Ministry's website www.wcd.nic.in. The user id and password is being sent separately to the IGMSY nodal officer and concerned DPOs. A user manual for operating the software is also available on the website, which can be accessed by using the user id and password. This software will facilitate generation of uniform database in Excel sheets by all the CDPOs.

4. In light of the above, it is requested to make all out efforts for digitization of data for effective implementation of IGMSY scheme. A compliance report to be submitted to the Ministry at the earliest.

Yours sincerely,



(Lopamudra Mohanty)
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Copy to:

- a) Director, DWCD/Social Welfare of all the States/UTs
- b) District Collectors of all the 53 districts under IGMSY
- c) District Program Officer of all the 53 districts under IGMSY


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S.No.

Revised- PART II (C) INDIVIDUAL RECORD OF BENEFICIARIES
(to be filled by the AWW to facilitate cash transfer and digitization of beneficiaries list)

- 1) Reporting Month and Year: _____/_____/_____
 2) Name of District, Project and Sector: _____/_____/_____
 3) Name of AWC and Code: _____/_____

[To be filled using information from Part II (A): Undertaking by the Beneficiary, Part II (B): Individual Record of Beneficiaries of IGMSY Register]

1	Full Name (in English)																				
2	Full Name (Recognized Language in State) (Optional)																				
3	Gender	F	E	M	A	L	E														
4		<input type="radio"/> Husband Name										<input type="radio"/> Father's Name									
5	Husband's/Father's name																				
6	Age (in complete years)				7	No. of live children															
8	Date of Registration under IGMSY (DD/MM/YY)	D	D	M	M	Y	Y	Y	Y												
9	Category (Tick one)	<input type="radio"/> SC			<input type="radio"/> ST				<input type="radio"/> Other												
10	Address Line 1(House No./ Bldg No./ Name Stair Well/Lift No.)																				
11	Address Line 2 (Sub Locality - 1, Sub Locality - 2)																				
12	Address Line 3 (Locality)																				
13	Address Line 4 (Name of Village with Sub District/Town/City)																				
14	Address Line 5 (District Name , State Name)																				
15	Pin Code																				

16	Address Line 6 (Country)	I	N	D	I	A															
17	Contact Telephone No. (if any)																				
18	Account In	<input type="radio"/> Bank <input type="radio"/> Post Office																			
19	Bank / Post Office Name																				
20	Bank Branch/ Post Office Address																				
21	Account No																				
22	IFSC Code (if available, for Banks only)																				
23	Aadhaar Number (if available, 12 digit)*																				
24	Enrolment Number (if Aadhaar is not available, 14 digit)																				
25	Instalment due under IGMSY [tick on due instalment]	1 st					2 nd					3 rd									

ADDITIONAL MONTHLY REPORT OF IGMSY by CDPO
(to be compiled in Excel Sheet from PART II(C): Individual Record of Beneficiaries)

1. Reporting Month and Year: _____ / _____ / _____
2. A. Name of District and Code: _____ / _____
- B. Name of Project and Code: _____ / _____
- C. No. of Sectors in your Project: _____
3. A. No. of AWCs in your Project: _____
- B. No of AWCs for which the MPR is being submitted: _____

S. No.	Sector Name	Sector Code (if available)	AWC Name	AWC Code (if available)	Full Name (in English)	Full Name (Recognized Language in State) (Optional)	Gender	Husband / Father (Tick on One) H : Husband F: Father	Husband's /Father's name	Age (in complete years)	Date of Registration under IGMSY	No. of live children	Category (Tick on one)
1	2	3	4	5	6	7	8	9	10	11	12	13	14
							Female						SC/ ST / Other

Address Line 1 (House No./ Bldg No./Name, Stair Well/ Lift no)	Address Line 2 (Sub Locality - 1, Sub Locality-2)	Address Line 3 (Locality)	Address Line 4 (Name of Village with Sub District/ Town/City)	Address Line 5 (District and State Name)	Pin Code	Address Line 6 (Name of the Country)	Contact Telephone No. (if any)	Name of Bank /Post Office	Bank Branch/ Post Office Addresses	Account Number
15	16	17	18	19	20	21	22	23	24	25
						India				

IFSC Code (if available for Banks only)	Aadhaar Number (if available, 12 digit)	Enrolment Number (if Aadhaar is not available, 14 digit)	Instalment due under IGMSY (1/2/3)
26	27	28	29