FORM BNJSY

Details of ASHA Incentive Payment against Registration of Non-JSY PW within 12 Weeks with ANM, Complete ANC of Non-JSY PW, and Escorting and Admission of Non-JSY PW to Government Health Facility / Health Facilities under 'Ayushmati' Scheme / CDC for Institutional Delivery

District/HD: _____ Block: _____ Month: _____ Year: _____

Name of GP	Name of Sub Centre	Sl. No.	Name of ASHA	Name of Bank with A/C No.	Amount of Incentive Earned (Rs.)	Amount of Incentive To Be Paid (Rs.)	Amount of Incentive Paid (Rs.)
T O T A L							

Remarks (if any):

BMOH or His/Her Authorized Representative : _____

Signature With Date and Official Stamp