FORM DNJSY

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: _____ Month: _____ Year: _____

Sl. No.	Name of Block	No. of ASHAs in Position	No. of ASHAs Earned Incentive	Total Amount of Incentive Earned (Rs.)	Total Amount of Incentive to be Paid (Rs.)	No. of ASHAs Received Payment	Total Amount of Incentive Paid (Rs.)
T O T A L							

Remarks (if any):

CMOH or His/Her Authorized Representative : _____

Signature With Date and Official Stamp