

ASHA Incentive Master Claim Form

To

SDM&HO or i/c Block PHC

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Sub: Submission of ASHA incentive claim for the period from to

Sir/Madam,

With reference to the subject cited above, I have to the honour to submit the ASHA incentive claims for the period from toas per statement mentioned below.

Sl No	Activity	Rate (Rs.)	Number of claims	Amount Claimed (Rs.)	Documents submitted	Amount approved (Rs.) (For office use only)	Remarks (Approving Authority)
1.	JSY incentive for ASHA for 1 st Delivery (Rural) – for Antenatal Component.	300.00					
2.	JSY incentive for ASHA for 1 st Delivery (Rural) – for facilitating Institutional Delivery.	300.00					
3.	JSY incentive for ASHA for 2 nd Delivery (Rural) – for Antenatal Component.	300.00					
4.	JSY incentive for ASHA for 2 nd Delivery (Rural) – for facilitating Institutional Delivery.	300.00					
5.	JSY incentive for ASHA for 3 rd Delivery (Rural) – for Antenatal Component.	200.00					
6.	JSY incentive for ASHA for 3 rd Delivery (Rural) – for facilitating Institutional Delivery.	200.00					
7.	JSY incentive for ASHA for 4 th Delivery (Rural) – for Antenatal Component.	100.00					
8.	JSY incentive for ASHA for 4 th Delivery (Rural) – for facilitating Institutional Delivery.	100.00					
9.	JSY incentive (Urban) – for Antenatal Component.	200.00					
10	JSY incentive (Urban) – for facilitating Institutional Delivery.	200.00					
11	For ANC registration within 1 st Trimester.	50.00					
12	For ensuring full ANC.	100.00					
13	For reporting of Maternal Deaths.	200.00					
14	ASHA incentive for CAC services	200.00					
15	For providing HbNC upto 42 days after birth.	250.00					
16	For follow up of SNCU graduate till 1 year of age.	500.00					
17	For follow up of LBW baby up to 2 years of age.	1100.00					
18	Sub Total Page No 1 (sl 1 to 17)						
19	Brought Down (Sub Total from Page no 1)						
20	Reporting of under 5 deaths.	50.00					

SI No	Activity	Rate (Rs.)	Number of claims	Amount Claimed (Rs.)	Documents submitted	Amount approved (Rs.) (For office use only)	Remarks (Approving Authority)
21	For IFA supplementation.	1.00					
22	For SAM child admission and follow up.	150.00					
23	Ensuring full immunization including JE up to 1 year of age.	100.00					
24	Ensuring 2 nd dose of Measles, OPV, DPT Booster.	50.00					
25	Mobilization of Children under 2 years for Immunization per session.	150.00					
26	Ensuring limiting after 2 child.	1000.00					
27	Ensuring delaying 2 years for 1 st child birth after marriage.	500.00					
28	Ensuring 3 years gap between 1 st and 2 nd child birth.	500.00					
29	For motivating male sterilization.	300.00					
30	For motivating female sterilization.	200.00					
31	For motivating a woman for PPS.	300.00					
32	For motivating a woman for PPIUCD insertion.	150.00					
33	Monthly Routine Activities (Rs. 1000/- pm)						
	a) Mobilizing and attending Village Health and Nutrition Day	200.00					
	b) Convening and guiding monthly Village Health Sanitation and Nutrition meeting.	150.00					
	c) Attending PHC Review Meeting.	150.00					
	d) I) Line listing of household done at beginning of the year and updated after every six months. II) Maintaining village health register and supporting universal registration of births and deaths. III) Preparation of due list of children to be immunized updated on monthly basis. IV) Preparation of list of ANC beneficiaries to be updated on monthly basis. V) Preparation of list of eligible couples updated on monthly basis.	500.00					
34	Sub Total of Page No 2						
35	Brought Down (Sub Total from Page no 2)						
36	NPCB - For ensuring Treatment of Cataract	250.00					

SI No	Activity	Rate (Rs.)	Number of claims	Amount Claimed (Rs.)	Documents submitted	Amount approved (Rs.) (For office use only)	Remarks (Approving Authority)
37	RNTCP - Ensuring successful completion of first line (CAT I) TB treatment	1000.00					
38	RNTCP - Ensuring successful completion of first line (CAT II) TB treatment	1500.00					
39	RNTCP - Ensuring successful completion of intensive phase of multi drug resistant TB treatment.	2000.00					
40	RNTCP - Ensuring successful completion of continuation phase of multi drug resistant TB treatment.	3000.00					
41	NLEP – Sensitization.	100.00					
42	NLEP - Incentive for case detection.	250.00					
43	NLEP - for ensuring complete treatment of PB cases.	400.00					
44	NLEP - for ensuring complete treatment of MB cases.	600.00					
45	NVBDCP -For malaria slide collection.	15.00					
46	NVBDCP -For ensuring treatment of Malaria positive cases.	75.00					
47	NIDDCP – For testing 50 salt samples per month.	25.00					
48	Menstrual Hygiene – For selling sanitary napkin.	1.00					
49	Operation Smile – for identification of new Cleft patients and bring to screening camp.	200.00					
50	Home Delivery contraceptive – Mala N	1.00					
51	Home Delivery contraceptive – ECP	2.00					
52	Home Delivery contraceptive – Condom	1.00					
53							
54							
55							
	Total						

Activity wise claim forms along with supporting documents are also enclosed as per guidelines.

Certify that, all claims are genuine and services are rendered by me regarding the activities against which the claim submitted. Kindly make the payment.

Yours faithfully,

Name of the ASHA
Account No:
Bank Name & Branch Name:
Contact No:
Village:
SC Name:

Certify that the claims mentioned above are correct.

Signature of ASHA Supervisor

Signature of ANM

For office Use Only

An amount of Rs. (Rupeesonly) approved for payment of ASHA incentive for the period from to and the amount is debited to the account through DBT.

Signature of BAM

Signature of BCM

Signature of BPM

Signature of SDM&HO