No. 3 (5-2716)-FWPM/SHFWS/2012
NATIONAL RURAL HEALTH MISSION
State Health & Family Welfare Society
Tripura, Agartala

Dated the 14th August, 2013

MEMORANDUM

To regularized the timely payment of ASHA incentives and update the service delivery data on time in the MCTS portal, following actions is required to be taken up on immediate basis:

1. District ASHA Programme Managers and Sub-divisional ASHA Programme Managers are instructed to update/Modify ASHA details (Annexure-D) with the support of facility level HMIS Assistant in MCTS Portal within 30th August 2013 without fail.

2. ASHA will paid incentive for Early Registration of ANC; for JSY (Annexure-B); and For Full Immunisation, if she ensure that Prospective Mother are received necessary services and Child received all antizen of vaccine during the aged between 0-11 months based on data available in the MCTS portal.

3. A working certificate for Early Registration of ANC (Annexure-A); for JSY (Annexure-B); and for Full Immunisation (Annexure-C), of ASHA duly signed by the concerned ANM/MPW may be submitted to the HMIS Assistant of JSY payee health institution, after verification of the all require service delivery status of Prospective Mother (JSY beneficiary) by the HMIS Assistant, incentive of ASHA may paid.

4. All concerned are requested to take necessary action immediately.

(Dr. Sangeet R. Rathod)
Mission Director, NRHM
Government of Tripura

To:-
All concerned.

Copy to:-
1. Director of Health Services for information and action please
2. Director of Family Welfare & FM for information and action please
3-10 The Chief Medical Officer, West District / Khowai District /Sepahijala District/Dhalai District/ North District/ Unakoti District / Gomati District and South District for information and action please.

Copy also to -:
1. PS to the Additional Chief Secretary for kind information
2-9 The District Magistrate & Collector, West District / Khowai District /Sepahijala District/Dhalai District/ North District/ Unakoti District / Gomati District and South District for information please

(Mission Director, NRHM
Government of Tripura)
Annexure - A

Working Certificate (For JSY)

This is to certify that Smt…………………………………………………..…………..(Name of the ASHA)
under ………………………………………………………………………Sub-centre (name of Sub-
centre) of ……………………….PHC/CHC/SDH/AMC is presently known to me.

She has successfully mobilized for
   1. Ensuring Four (4) Anti Natal Check up
   2. Accompanied the pregnant women to the health institution for delivery

Details of the Service delivery :

<table>
<thead>
<tr>
<th>Name of the beneficiaries and address</th>
<th>Husband name</th>
<th>MCTS ID Number</th>
<th>Bank Account number; Bank and Bank branch name of the beneficiaries</th>
<th>Date of LMP (DD/MM/YYYY)</th>
<th>Date of ANC (DD/MM/YYYY)</th>
<th>Date and place of delivery</th>
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Signature : 

Name of the MPW (Male)/ MPW (Female) :
Name of Health Sub-centre) :
Date :

Verified by (based on MCTS Portal):

Signature :

Name of the HMIS Assistant :
Name of the Health Institution :
Date :
Annexure - B

Working Certificate (For Early Registration of ANC)

This is to certify that Smt…………………………………………………..(Name of the ASHA) under ………………………………………………………………………………………......................Sub-centre (name of Sub-centre) of ……………………….PHC/CHC/SDH/AMC is presently known to me. She has successfully mobilized for EARLY REGISTRATION (1st Registration should be within 90 days of LMP)

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<th>Name of the beneficiaries and addressed</th>
<th>Husband name</th>
<th>MCTS ID Number</th>
<th>Bank Account number; Bank and Bank branch name of the beneficiaries</th>
<th>Date of LMP (DD/MM/YYYY)</th>
<th>Date of 1st Registration (DD/MM/YYYY)</th>
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Signature :

Name of the MPW (Male)/ MPW (Female) :
Name of Health Sub-centre) :
Date :

Verified by (based on MCTS Portal):

Signature :

Name of the HMIS Assistant :
Name of the Health Institution :
Date :
Working Certificate (For Full Immunization)

This is to certify that Smt.………………………………………..…………..(Name of the ASHA) under ……………………………………………………………………………………………….Sub-centre (name of Sub-centre) of ……………………..PHC/CHC/SDH/AMC is presently known to me.

She has successfully mobilized the Child for full immunization within 11 month of birth date of Child.

Details of the Immunization:

<table>
<thead>
<tr>
<th>Name of the Children and address</th>
<th>Mother/Father's name</th>
<th>Mother MCTS ID Number</th>
<th>Child MCTS ID Number</th>
<th>Date of Birth of the children (DD/MM/YYYY)</th>
<th>BCG</th>
<th>DPT1</th>
<th>OPV1</th>
<th>Hepatitis-B1</th>
<th>DPT-2</th>
<th>OPV-2</th>
<th>Hepatitis-B2</th>
<th>DPT-3</th>
<th>OPV-3</th>
<th>Hepatitis-B3</th>
<th>Measles</th>
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Signature:

Name of the MPW (Male)/ MPW (Female):

Name of Health Sub-centre:

Date:

Verified by (based on MCTS Portal):

Signature:

Name of the HMIS Assistant:

Name of the Health Institution:

Date:
## Details of ASHA

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<tr>
<th>Name of ASHA</th>
<th>Husband's Name</th>
<th>Address</th>
<th>Name of PHC/CHC/SDH/DH</th>
<th>Name of Sub-Centre</th>
<th>Contact No</th>
<th>AADHAR No</th>
<th>EID of AADHAR No</th>
<th>Bank Account Number</th>
<th>Bank Name</th>
<th>Branch Name</th>
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