# MAMATA Scheme AWC Pregnancy Survey Form

**RECORD DETAILS OF ALL PREGNANT WOMEN IN THE AWC AREA (all names in ICDS Register-5 : Pregnancy and Delivery)**

District: GP/Town/City: Sub Centre: ICDS Supervisor:
Project: Village/Ward: ANM: AWW:
Sector: AWC: ASHA: AWH:

**Month:**

| Sl.No. | **Aadhaar / UID No** | Name of Pregnant Women (First, Middle & Last Name) | Name of Husband/Father/Guardian | Date of pregnancy Registration at AWC/SC (dd /mm /yy) | Date of LMP (dd /mm /yy) | Age (in completed years) as on date of registration | No. of live births (no of live child delivered till now) | Self / Husband Working in Govt./ PSU ( Yes-Y No-N ) | MCT/ RCH No. | Pregnant woman eligible under the Scheme (Yes-Y; No-N ) (Write 'Y' if Col. 5 is ≥ 19 & Col. 6 is 0 or 1 & Col. 7 is No. Otherwise write N) |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
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