PMAYG BENEFICIARY REGISTRATION MANUAL

REGISTER/ADD BENEFICIARY

BENEFICIARY REGISTRATION FORM

Beneficiary Registration is mainly consists of four section as shown below:

Panchayat *	s	Social Category *			Selected Hous	ehold * 🕢			Religion	_
KALAMATI	•	SC		•	MAHADE	I NAG [1704654]	[1]		UNKNOWN	
elect Beneficiary * 😡										
Select Beneficiary from	family member list									
Sender *			Select Ownersh	ip Type "			Kin to(For Wid	low only)		
Select Gender		•	Select Own	ership Type			Nome			
roon with Disability *			Type of Disabil	ity			Percentage of D	hiability(0-100)		
No		•	Select Type	of Disability			For Example: 10			
nter Mobile No. *	Mobile Owner Typ	pe *		Mention Relat	ion	Enter Aadhar I	No.	Upload Conver	at Form	
Mobile No	Own		•	Mention Re	lation	Aadhar No		Choose File	No file chosen	
Whether any member sufferin	ng from * :			· None	Leprosy	Cancer	HIV/AIDS			
nik A/c Details *		Bank A/o	c Details * Bank Select Bank Na	me	Post Office		Select Branch N	(ame		
ank A.c Details *		Bank A/o	C Details Bank Select Bank Na		Post Office		Select Branch N	ame		
lect Bank Type Select Bank Type		Bank A/o	c Details * Bank Select Bank Nat	0. De	Post Office	•	Select Branch N	šame		
lect Bank Type Select Bank Type ater Bank Account No.		3ank A/0	C Details ® Bank Select Bank Nat		Post Office Enter Benefic	* ary name as per B	Select Branch N	(ame		
ank A/c Details *		3ank A/(C Details *Bank Select Bank Nat		Post Office Euter Benefici Beneficiary	* Ary name as per B / Name as per Ba	Select Branch N ank Account No. ok Account No	iame		
auk A/c Details *	o avail loan ?	3ank A/(C Details ® Bank Select Bank Nat	me ©	Post Office Euter Benefici Beneficiary ©No	• ary name as per B Name as per Ba	Select Branch N ank Account No. ok Account No Please Enter	ame 1 Loan Amount (10,000 - 70,000)	
auk A/c Details *	o avail loan ?	3ank A/o	c Details * Bank Select Bank Nat	me ® Yes	Post Office Enter Beneficiary ©No Enter SBM N	• ary name as per Ba / Name as per Ba	Select Branch N ank Account No. ok Account No Please Enter	f Loan Amount (10,000 - 70,000)	
Inc. A.c Details *	o avail Ioan ?	3ank A/0	c Details *Bank Select Bank Nat	me ® Yes	Post Office Enter Benefician ©No Enter SBM No	• aty name as per Ba / Name as per Ba	Select Branch N ank Account No. ok Account No Please Enter	f Loan Amount (10,000 - 70,000)	
ank A/c Details *	o avail loan ?	Bank A/(c Details *Bank Select Bank Na	me ® Yes	Post Office Euter Benefici Beneficiary No Enter SBM N Beneficiary	• Ary name as per Ba / Name as per Ba • • • SBM No	Select Branch N ank Account No. ok Account No Please Enter	'ame r Losn Amount (10,000 - 70,000)	
ank A/c Details *	o avail Joan ?	Bank A/d	c Details *Bank Select Bank Nation	e Yes	Post Office Euter Beneficiary ©No Euter SBMIN Beneficiary	• J ary name as per Ba • Name as per Ba • SBM No	Select Branch N ank Account No. ok Account No Please Enter	'ame	10,000 - 70,000)	
elect Bank Type Select Bank Type Inter Bank Account No. Bank Account No Vhether Beneficiary wants to onvergence Inter Job Card No. * Beneficiary Job Card No	o avail Ioan ? Con	Sank A/(c Details Bank Select Bank Nation	*Yes	Post Office Euter Beneficiar ©No Enter SBM Na Beneficiar	• J ary name as per Ba r Name as per Ba • SBM No	Select Branch N and: Account No ok Account No Please Enter	Same I Loan Amount (10,000 - 70,000)	

SECTION 1- PERSONAL DETAILS

To add beneficiary registration details concern panchayat and social category of beneficiary have to select as shown in picture below. On this selection a auto generated "search" button will appear for displaying the list of respective household.

		Registration fo	r PMAYG		
State	MADHYA PRADESH		District		MORENA
Block	AMBAH		Total Updated 🧿		402
Personal Details					
Panchayat *	Social Cat	egory *	Selected Household * 🥹		Religion
Select Panchayat	✓ Select S	Social Category	Beneficiary Name[PMAYID][Priority]	Religion
Select Beneficiary * 😮					v
Gender *		Select Ownership Type *		Kin to(For Widow only)	
Select Gender		Select Ownership Type	~	None	~
Person with Disability *		Type of Disability		Percentage of Disability(0	-100)
No		Select Type of Disability	~	For Example: 10	
Enter Mobile No. *	Mobile Owner Type *	Mention Rela	tion Enter Aadhar	No. Upload (Consent Form
Mobile No	Own	✓ Mention Re	elation Aadhar No	Bro	WSe No file selected.
Whether any member su	affering from * :	None	Cancer	OHIV/AIDS	

SECTION 1- PERSONAL DETAILS CONT...

After clicking on "search" button a list of corresponding beneficiary name along with PMAY ID and priority will appear and user can select the beneficiary to register from the list.

itemep FAQs Circulars Comn	nittees Feedback Pu	blic Grievances Presentations								A A+A-
स्वयमेव प्रवयने Ministry of Rura Government of It	ıl Developr ndia	nent	# 1 2	PMAYID 1058554 1078307	Beneficiary Name AJAYSINGH RADHESHYAM OJHA	Priority 1 2	Select To Register Select To Register		प्रधा आव Pradhar	न मंत्री ास योजना-ग्रामीण 1 Mantri Awaas Yojana-Gramin
Home About Us	Stakeholders	Guidelines Knov	3	1056362	RAMPRAKASH	3	Select To Register	ing Technologies		
			-			ā	other to register			
			4	1022906	RAJVEER SINGH	4	Select To Register			A
	State	MADHYA PRADESH	5	3226807	JANAVED	6	Select To Register	MORENA		
	Block	AMBAH						403		
	Personal Details									
	Panchayat *		Sc	ocial Category *		Selected Househo	ıld * 😧	Religion	Search	
	Panchayat *		So	ocial Category *		Selected Househo	old * 😧	Religion		

SECTION 1 - PERSONAL DETAILS CONT...

After selection from the list the Household Name, Religion and Beneficiary details will automatically fill and user can set the beneficiary from the family member details and also set the beneficiary remaining details as listed below and shown in the picture.

- Gender* (i.e. Male, Female or Transgender).
- > Owner Ship Type*.[Joint (Husband and Wife), Self(For transgender), Man, Woman-Married, Woman-Unmarried, Woman-Widow].
- Kin to (if ownership type is woman-widow).
- Person With Disability*.
- Type of disability [Mental/Physical](if Person With Disability is Yes)
- Percentage of disability (if Person With Disability is Yes)
- Mobile Number Details*.
- Ownership type*
- Mention Relation(if ownership type is **others**).
- Aadhaar No. Details.
- Upload Consent Form(A document in consent of using of Aadhaar on behalf of beneficiary).
- Whether Any Member Suffering From*(Leprosy or Cancer or HIV/AIDS or None)

Registration for PMAYG

State	MADHYA PRADESH			District			MORENA
Block	АМВАН			Total Update	d 😧		403
Personal Details							
Panchayat *		Social Catego	ry *	Selected House	ehold * 🚱		Religion
BAWADIPURA	•	Other	•	AJAYSING	H[1058554][1]		UNKNOWN
Select Beneficiary * 😧							
AJAYSINGH[172302	00100400000023300102	001][HEAD][I	HARISINGH]				*
Gender *			Select Ownership Type *			Kin to(For Wid	low only)
Select Gender		•	Select Ownership Type		•	None	Ŧ
Person with Disability *			Type of Disability			Percentage of D	Disability(0-100)
No		•	Select Type of Disability		*	For Example	e: 10
Enter Mobile No. *	Mobile Owner T	ype *	Mention Re	lation	Enter Aadhar N	io.	Upload Consent Form
Mobile No	Own		• Mention	Relation	Aadhar No		Choose File No file chosen
Whether any member su	ffering from * :		None	Leprosy	Cancer	HIV/AIDS	

SECTION 2 - BENEFICIARY BANK ACCOUNT DETAILS

To Add Beneficiary Bank Account Details following parameters are required as mentioned below.

- 1) Bank Type
- 2) Bank Name
- 3) Branch Name
- 4) Bank Account Number
- 5) Beneficiary Name as per bank account
- 6) Whether beneficiary want to avail loan(if it is Yes; Loan Amount can be between Rs.10000 to Rs.70000)

Bank A/c Details *			
Select Bank Type	Bank Po Select Bank Name	ost Office	Select Branch Name
Select Bank Type		•	Ţ
Enter Bank Account No.		Enter Beneficiary name as per B	ank Account No.
Bank Account No		Beneficiary Name as per Bank	Account No
Whether Beneficiary wants to avail loan ?	• Yes	\bigcirc_{No}	Please Enter Loan Amount (10,000 - 70,000)

SECTION 3 - BENEFICIARY CONVERGENCE DETAILS

This section of beneficiary registration require the following details.

- 1) The Beneficiary Job Card Number as registered with MGNREGA *.
- 2) Beneficiary SBM(Swachh Bharat Mission) Number

Convergence	
Enter Job Card No. *	Enter SBM No.
Beneficiary Job Card No	Beneficiary SBM No

SECTION 4 - DETAILS FILLED BY CONCERN OFFICE

This section to be filled by the concern office with following parameters.

- 1. Whether Beneficiary wants to get enrolled in Mason Training? (Default it is Yes)
- 2. Whether Beneficiary wants to use house design typology developed for the region? (Default it is Yes)

To be filled by office *		
Whether Beneficiary wants to get enrolled in Mason Training ?	● Yes	●No
Whether Beneficiary wants to use house design typology developed for the region ?	● Yes	●No

ERIT BENEFICIARY

EDIT BENEFICIARY REGISTRATION FORM

To edit beneficiary registration details on the basis of Panchayat and social category selection a "**search**" button will appear. On this selection a auto generated "**search**" button will appear for displaying the list of respective household.

			Lan Denemeraries		G			
State	MADHYA PRADESH			District			MOF	RENA
Block	AMBAH			Total Updated	0		404	
Personal Details								
Panchayat *	•	Social Category	* Category	Selected Benefic Beneficiary N	ciary * 😧	[Priority]		Religion Religion
Gender *			Select Ownership Type *			Kin to(For Wido	w only)	
Select Gender Person with Disability * No Enter Mobile No. * Mobile No Enter Aadhar No. Aadhar No Whether any member s	* uffering from * :	• •	Select Ownership Type Type of Disability Select Type of Disability Mobile Owner Type * Own Name as per Aadhar Enter Name As Per Aadhar ©None	Leprosy	• • •	None Percentage of Di For Example: Mention Relation Mention Relat	sability(0-100) 10 n ion Upload Consen Choose File	▼ tForm No file chosen
Convergence								
Enter Job Card No. *				Enter SBM No.				
Beneficiary Job Card	l No			Beneficiary S	SBM No			

Edit Beneficiaries for PMAYG

*Details cannot be edited after House Sanction *For Editing bank account details go to freezing module

EDIT PERSONAL DETAILS

- 1. All the personal details of the beneficiary are editable as shown in the picture.
- 2. If beneficiary name is unknown or blank then the Name as per Aadhaar will be considered as beneficiary name for sanctioning the beneficiary.

Personal Details			
Panchayat * Select Panchayat Gender *	Social Category * Select Social Category	Selected Beneficiary * 😯 Beneficiary Name[PMAYID][Priority] Kin to(J	Religion Religion For Widow only)
Select Gender Person with Disability *	Select Ownership Type Type of Disability	• Non Percent	e v tage of Disability(0-100)
No Enter Mobile No. *	Select Type of Disability Mobile Owner Type *	• For H Mention	Example: 10 n Relation
Mobile No	Own	▼ Ment	ion Relation
Enter Aadhar No. Aadhar No	Name as per Aadhar 🚱 Enter Name As Per Aadhar		Upload Consent Form Choose File No file chosen
Whether any member suffering from * :	None	●Leprosy ●Cancer ●HI	V/AIDS

EDIT BENEFICIARY CONVERGENCE DETAILS

1. MGNREGA Job Card Number details of the beneficiary can be edited.

2. SBM (Swachh Bharat Mission) number can also be edited.

Convergence	
Enter Job Card No. *	Enter SBM No.
Beneficiary Job Card No	Beneficiary SBM No

Note:- The bank details of the beneficiary can't be edited from this Registration module. To facilitate this edit, freezing module is recommended.