

INSTRUCTIONS FOR SWASTHYA SATHI FORM B FILLUP PROCESS

Please visit: <https://swasthyasathi.gov.in/>  Apply Online  Online Application For Swasthya Sathi Card

A.

- 1) Provide your Mobile Number in the appropriate place and click the get OTP button
- 2) Put the OTP received in the proper place and submit

B.

- 1) Select the appropriate District from the list
- 2) If you belong to Panchayat Area, choose your Block, Panchayat & Village name from the list
- 3) If you belong to Municipality Area, Choose your Municipality Name then choose your Ward Number
- 4) Choose the proper category you belong to from the list, SC / ST / OBC / Others
- 5) Fill up your Department Name If Employed
- 6) Fill up Office Name & Address If Applicant / Member is Employed
- 7) Fill up your Residential Address with PIN Code
- 8) Fill up the Name of the Applicant
- 9) Fill up the Head of the Family (HoF) Name
- 10) If Any Member of the family receive Govt. Sponsored Health Insurance / Assurance, choose the option from the list YES / NO
- 11) If Any Member of the family receive Medical Allowance from Govt., choose the option from the list YES / NO
- 12) If Any Member of the family receive Medical Allowance from Private Institution, choose the option from the list YES / NO

C.

The following information are to be kept ready while filling up the form:

- 1) AADHAR Card Number (*12 Digits*)
- 2) KHADYASATHI Ration Card Number
- 3) Registered Mobile Number
- 4) Employment Status of the Member

D.

- 1) **Member Name:** Fill up the full name of the member as per the AADHAR Card
- 2) **Relationship:** The First relationship is always the Beneficiary, subsequent are: Spouse, Mother, Father, Child, Others
- 3) **Age:** Fill up the correct age as per records
- 4) **Gender:** Fill up the correct gender as per records
- 5) **AADHAR Number:** Fill up the correct AADHAR Number as per records
- 6) **KHADYASATHI Ration Card Number:** Fill up the correct Ration Card Number as per records
- 7) **Employment Status of the Member:** Fill up the correct Employment Status as per records
- 8) **Mobile Number:** Fill up the Working Mobile number for each member

- a) Please USE the **EDIT** button to update/change any of the information entered
- b) Please USE the **DELETE** button to delete entire information for any member **EXCEPT** the Beneficiary
- c) Please USE the **ADD NEW MEMBER** to enter the details for a new member addition
- d) Note: All star-marked entries are mandatory to proceed further in filling the **FORM**

****Remember to check all details before using the SUBMIT Button**