

About the Camp

This camp is organized to help citizens check their eligibility for the **Ayushman Bharat Yojana** and assist them with registration and card generation.

What We Will Do in This Camp

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> We will search and verify eligibility of each person <input checked="" type="checkbox"/> We will inform: <ul style="list-style-type: none"> • Who is eligible for Ayushman Card • Who is not eligible <input checked="" type="checkbox"/> For non-eligible persons: <ul style="list-style-type: none"> • ABHA (Health ID) Card will be created 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> For eligible persons: <ul style="list-style-type: none"> • Their name will be verified in the official list • KYC (Know Your Customer) will be completed • Biometric authentication will be done • Ayushman Card will be generated and provided
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Required Documents

Please bring the following documents:

- Aadhaar Card
- Ration Card
- Labour Card (if available)

Benefits of Ayushman Card

- Free medical treatment up to ₹5,00,000 per family
- Cashless treatment in government and private hospitals
- Covers major surgeries and hospitalization
- Available across India
- No registration fee

Important Note

- Eligibility depends on government database
- Not everyone may qualify for Ayushman Card
- ABHA Card will be provided for digital health record if not eligible

CLIENT REGISTRATION FORM (For Camp Use)



Applicant Details

- Full Name: _____ Father / Husband Name: _____
- Mobile Number: _____ Address: _____

Identity Details

- Aadhaar Number:

- Ration Card Number:

- Labour Card Number (if any):

Service Required (Tick)

- Ayushman Eligibility Check
- Ayushman Card Registration
- ABHA Card Creation

Declaration

I hereby declare that the information provided by me is correct. I understand that eligibility for Ayushman Card depends on government records. I agree to biometric authentication and KYC process if required.

Signature

Applicant Signature: _____ Date: _____

Office Use Only

- Eligibility Status: Eligible / Not Eligible
- KYC Done: Yes / No
- Card Generated: Yes / No
- ABHA Created: Yes / No

Operator Name: _____