NO.F. 1-5/92-CD.II
Government of India
Ministry of Human Resource Development
Department of Women & Child Development

Shastri Bhavan, New Delhi
Date : 6th November, 1992

To

Directors (dealing with ICDS) in States/UTs.

Subject : Supplementary Nutrition and other benefits to Mother and Child beneficiaries under ICDS in Villages/Anganawadis/Blocks other than those where registered regularly.

Sir/Madam,

I am directed to say that the matter regarding allowing Supplementary Nutrition and other benefits to Mother and Child Beneficiaries under ICDS when they happen to shift, even temporarily, to other ICDS covered Villages/Blocks has been drawing attention of this department for quite some time now. It has now been decided that Supplementary Nutrition and other benefits may be allowed to eligible Mother and her accompanying eligible children who happen to shift (even temporarily) to other villages/Blocks covered under ICDS. For this purpose, it is obligatory that Mother and Child Beneficiaries may be issued slip (a specimen proforma enclosed) from the Anganawadi where she and her children are originally registered as a proof of their being ICDS beneficiaries. This slip should, inter-alia, contain details of health status of the Mother beneficiary viz. whether pregnant or Lactating and in respect of the children the Nutritional Status of the child viz. the degree of mal-nutrition, weight, recent history of illness, infant birth weight (if available) etc.

2. Necessary instructions may please be issued to all concerned in this regard urgently under intimation to this Department.

Yours faithfully,

Sd/-
(Rajendra Mishra)
Under Secretary to the Government of India

Copy to:

1. *All Secretaries (dealing with ICDS) in states/UTS*
2. *The Director, NIPCCD, 5, Siri Institutional Area, Hauz Khas, New Delhi.*
3. *The Project Manager (W.B. Unit)*
4. *Guard File*
5. *Sanction Folder*

Sd/-

(Rajendra Mishra)
Under Secretary to the Government of India

Suggested Format for the Slip to be issued to Mother and child Beneficiary intending to shift to other Project/Village covered under ICDS (Temporarily/Permanently) for seeking SNP and ICDS related services

Sl. No.	Name of the Beneficiary	Name of Project/ Village where presently registered.	Health Status of the Beneficiary viz. Pregnant/ Lactating Height, recent history of illness etc.	Degree of malnutrition in case of child beneficiary	Name of project/ Village where shifting & either Temporarily or Permanently	Remarks if any
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Signature of A.W.W.
of the Project where registered.

Signature of C.D.P.O.
of the Project where registered.