

4. Family Member Information (Fill appropriate option)

Name (Family Members)	Age (Years)	Sex (M/F/O)	Marital Status	Level of Education	Bank Account Y/N	Major Health Problems	Occupations
Dinarath Deka	70	M	M	IV	Yes	High Blood Pressure	Unemploy
Kuruna Deka	65	F	M	UE	Yes		Unemploy
Brajen Deka	28	M	UM	VIII	Yes		Unemploy

5. Migration Status in a family

Does any member of the household migrate for Work? Yes / No

If Yes How many members of the family migrated?

6. Information of Government Schemes

Name	Do you aware about the schemes? (Yes / No)	Persons/ Family benefitted (Yes / No)
PM Jan Dhan Yojana		
PM Ujjwala Yojana		
PM Awas Yojana		
Sukanya Samridhi Yojana		
Mudra Yojana		
PM Jivan Jyoti Bima Yojana		
PM Suraksha Bima Yojana		
Atal pension Yojana		
Atal Amrit Yojana	Yes	
Ayusman Bharat		
Fasal Bima Yojana		
Kaushal Vikas Yojana		
Krishi Sinchai Yojana		
Jan Aushadi Yojana		
Swachh Bharat Mission		
Toilet	Yes	Yes
Soil Health Card		
Ladli Lakshmi Yojana		
Janani Suraksha Yojana		
Kisan Credit Card		