



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



EXTRACT OF ORC APPLICATION FORM

Applicant Details:-

Aadhar Number: _____ Applicant Name*: _____
Father Name*: _____ District*: _____
Mandal*: _____ Village/Ward*: _____ Door No*: _____
Locality/Landmark: _____ Pin code: _____
Survey Number*: _____ Extent*: _____ Guntas Acres
Sub Division No. *: _____ File No/Reference No. : _____
Date of File/Reference: _____ (DD/MM/YYYY)
Purpose for Extract of ORC*: _____

Informant Details:-

Informant Name*: _____ Informant Relation: _____
Mobile No. *: _____ Email ID: _____
Delivery Type*: At Kiosk Post Local Post Non-Local

Postal Details: - (Note: Please Upload Only in PDF Format)

State*: _____ District*: _____ Mandal*: _____
Village/Ward*: _____ Door No*: _____
Pin code: _____

Documents List: -

- Application Form*
 Copy of ORC
(* - Indicates Mandatory)

Applicant's Signature