

గ్రామ - వార్డు సచివాలయము అంధ్రప్రదేశ్ ప్రభుత్వం



APPLICATION FOR ISSUANCE OF CERTIFICATES

Applicant Details (address for communication):-

Aduliaal Calu No.	Name of App	licant (in BLOCK letters)*:
Surname*:	Father/Husband Name*:	Gender *:
Occupation *:	<u>—</u>	
State *:	District*:	Mandal*:
Village / Ward *:	Door N	o:
Locality/Land Mark:	Pin Code:	Mobile No*:
Email ID:		
Informant Details:-		
Informant Name*:	Inform	ant Relation*:
Delivery Type*: ☐ Manual ☐ Lo	ocal 🗆 Non-Local Mobile NO*:	
	s	
Service Specific Details Service required For *(Certific		ransfer of Vehicle):
Service required For *(Certific	cate for Job Verification, NOC for T	
Service required For *(Certific	cate for Job Verification, NOC for T	ransfer of Vehicle): on Jurisdiction Known *(Yes/NO): le Nearest Landmark/ Area Description*:

Document List:-

- 1. ID Proof*
- 2. Address Proof*
- $3. \quad \text{If any other Documents}.$

Applicant's Signature