



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



ISSUE OF LOCAL STATUS CERTIFICATE APPLICATION FORM

Applicant Details:-

Full Name *: _____

Father's Name/Husband's Name/Guardian's Name*: _____

Aadhaar No*: _____ Gender*: Male Female

Community*: BC OC SC ST

Place of Birth Details:-

Date of Birth*: _____ (DD/MM/YYYY) State*: _____

District*: _____ Mandal*: _____ Village*: _____

Education Details:-

Course*: _____ Institution Name (School/ College/ University)*: _____

State*: _____ District*: _____ Mandal*: _____

Village*: _____ Pin Code*: _____

Previous Address Details (in Telangana):-

District*: _____ Mandal*: _____ Village*: _____

Door No: _____ Locality/Landmark: _____ Pin code: _____

Period From*: _____ (DD/MM/YY) Period To*: _____ (DD/MM/YY)

Present Address Details:-

District*: _____ Mandal*: _____ Village*: _____

Door No*: _____ Locality/Landmark*: _____ Pin code*: _____

Mobile Number*: _____ Email Id: _____

District to which seeks to declare as local candidate*: _____

Informant Details:-

Informant Name*: _____ Relationship with the Applicant*: _____

Email Id: _____ Mobile Number*: _____

Delivery Type*: At Kiosk Post Local Post Non-Local

Documents List: - (NOTE: All Upload Documents should be in PDF Format only and the size should not exceed 3MB)

Application Form*

Aadhaar Card/Pan Card*

Self Declaration Form *

(* - Indicates Mandatory)

Applicant's Signature