



# గ్రామ - వార్డు సచివాలయము

## ఆంధ్రప్రదేశ్ ప్రభుత్వం



### PERMISSION TO RUN THE BENEFIT SHOW APPLICATION FORM

#### Applicant Details:-

Aadhar Number: \_\_\_\_\_

Applicant Name\*: \_\_\_\_\_ Father/Husband/Guardian Name\*: \_\_\_\_\_

Gender:  Male  Female Mobile Number\*: \_\_\_\_\_ Email Id: \_\_\_\_\_

#### Applicant Permanent Address Details:-

District\*: \_\_\_\_\_ Mandal\*: \_\_\_\_\_

Village/Ward\*: \_\_\_\_\_ Locality/Landmark: \_\_\_\_\_

Door No: \_\_\_\_\_ Pin code: \_\_\_\_\_ Delivery Type\*:  At Kiosk  Post Local  Post Non-Local

#### Postal Details:-

State\*: \_\_\_\_\_ District\*: \_\_\_\_\_ Mandal\*: \_\_\_\_\_

Village/Ward\*: \_\_\_\_\_ Locality/Landmark: \_\_\_\_\_ Door No: \_\_\_\_\_ Pin code: \_\_\_\_\_

#### Service Specific Details:-

Name of the Theater\*: \_\_\_\_\_ Name of the Occasion/Festival\*: \_\_\_\_\_

District\*: \_\_\_\_\_ Mandal\*: \_\_\_\_\_

Village/Ward\*: \_\_\_\_\_ Locality/Landmark\*: \_\_\_\_\_

Door No\*: \_\_\_\_\_ Pin code\*: \_\_\_\_\_

Show Date (DD/MM/YYYY)\*: \_\_\_\_\_ Show Timings: \_\_\_\_\_  AM  PM TO \_\_\_\_\_  AM  PM

#### Informant Details:-

Informant Name\*: \_\_\_\_\_ Relation\*: \_\_\_\_\_

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

Application Form \*

(\* - Indicates Mandatory)

Applicant's Signature