



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



Request for AIDS & Appliances Application Form

Request Details

SADAREM ID *:

Individual Details:

Surname:

Name:

DOB:

DOB Type:

Age:

Gender:

Educational Qualifications:

Occupation:

Individual Income:

Marital Status:

Caste:

Religion:

Ration Card No:

Type:

Ration Card Serial No:

Epic No:

Aadhar Card No:

SHG Member:

Identification Mark:

Identification Mark:

Family Details

Relative / Parents Name:

Relation Type:

Family Income:

Address Details

C/o:

House no:

Landmark:

State *:

District *:

Mandal *:

Panchayat *:

Town/Village *:

Habitation/Ward No. *:

Pin Code:

STD Code:

Mobile1:

Mobile2:

Email:

Having Disability Certificate:

Type of Disability:

Disability %:

Functional Needs

Test of Disability:

Loco motor

Visual

Hearing

Mental Retardation

Functional Needs:

Note:-Application will pre fill by using the SADARAM ID ,If ID is not available Application has to be fill up by applicant

Applicant's Signature