



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



SRI KALAHASTEESWARA SWAMYVARI ROOM BOOKING

Room Type: * ALL AC NONAC

Check in Date *: _____

Devotee Details

Aadhar Card No: _____ Devotee Name *: _____

Proof Document Name *: _____ Proof Document No *: _____

Gothram: _____ Nakshatram: _____

Gender *: Male Female Age: _____ Mobile Number: * _____

Email Id: _____ House No: _____

Street Name/Location *: _____

Country *: INDIA State *: _____ District *: _____

Mandal *: _____ Village *: _____ Pin Code: _____

Informant Details

Informant Name *: _____ Informant Relation *: _____

Documents List:

(NOTE: 1.Total size of Upload Document should not exceed 3 MB.2. All Upload Documents should be in PDF Format Only)

1. Application Form *

2. Identity Proof *

Applicant's Signature