Request For Sadarem Certificate Registration

1.0 Individual Details		
1.1 Name of the Person:		
Surname*:	Name*:	
1.2 Age*	Date of Birth*	1.3 Gender*
1.4 Education	1.5 Employment	
1.6 Marital Status*	1.7 Caste	1.8 Religion
1.9 Ration Card No*:	Type:	Sl.no:
1.10 EPIC Card:		
1.11 Pension Card:		
1.12 Identification Marks* 1) 2)		
1.13 Consanguineous Marriage of Parents (Yes /No):		

2.0 Family Details:	
2.1 Father/Mother/Husband/Guardian's Name*:	Relation*:

3.0 Address (As recorded in RATION CARD):	
Habitation/Ward No*:	
Phone No*:	E-mail:

4.0 Existing Percentage (%):	
5.0 Aadhar Card No*:	Aadhaar OTP*: (Person must be available to share OTP received during registration)

6.0 Hospital*
(Please verify slot availability before choosing hospital for that disability)
Preferred Hospital Name:
Type of Disability*:
A) Locomotor/OH   D) Mental retardation   B) Visual Impairment   E) Mental illness   C) Hearing impairment

Please all the details in (*)

Applicant Signature