



ಗ್ರಾಮ - ವಾರ್ಡು ಸಚಿವಾಲಯ  
ಆಂಧ್ರಪ್ರದೇಶ್ ಪ್ರಭುತ್ವಂ



Request For Sadarem Certificate Registration

<b>1.0 Individual Details</b>		
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*:	<b>Aadhaar OTP*:</b> (Person must be available to share OTP received during registration)

6.0 Hospital*		
<b>(Please verify slot availability before choosing hospital for that disability)</b>		
1) District Hospital Proddatur 2) Area Hospital Pulivendula 3) RIMS Hospital, Kadapa 4) CHC, Rayachoty	5) CHC, Rajampet 6) CHC, Jammalamadugu 7) CHC, Railway Kodur 8) CHC, Badvel	9) CHC, Mydukur 10) CHC, Kamalapuram
Type of Disability*:		
A) Locomotor/OH B) Visual Impairment C) Hearing impairment	D) Mental retardation E) Mental illness	

Please all the details in (\*)

Applicant Signature