



# గ్రామ - వార్డు సచివాలయము

## ఆంధ్రప్రదేశ్ ప్రభుత్వం



### SIX STEP VALIDATION GRIEVANCE APPLICATION FORM

#### **Applicant Details:-**

Applicant Name : \_\_\_\_\_

S/o / W/o/C/o: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Door No : \_\_\_\_\_

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

Village : \_\_\_\_\_ Secretariat: \_\_\_\_\_

Mobile No : \_\_\_\_\_ Ration Card No : \_\_\_\_\_

Aadhar No: \_\_\_\_\_ Type of Scheme: \_\_\_\_\_

#### **Corrections Required in Six Step Validation Details:**

S.No	Name	Select	Remarks
1	Land		
2	Four Wheeler		
3	Income Tax		
4	Government Employee		
5	Electricity		
6	CDMA		

#### **Brief Description Of the Issue:**

#### **Declaration:-**

I hereby declare that the above-mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above-mentioned.

Date:

Place:

Applicant's Signature

#### **Proof Documents List should be attached**

Aadhar Card

Proof Letter