



స్వర గ్రామం స్వర వార్డు

SADAREM SLOT BOOKING



Download Form

Application Onlined Date :

SADAREM ID :

SELECT TYPE OF DISABILITY

- | | | |
|--|---|---|
| <input type="checkbox"/> Leprosy Cured Person | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Thalassemia |
| <input type="checkbox"/> Locomotor Disability | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Acid Attack Victims |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Blindness | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Low-vision | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Chronic Neurological Conditions | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Speech & Language Disability |

Applicant Aadhaar Number

Applicant Full Name [In English]:

Applicant Full Name [In Telugu]:

Gender : Male Female Transgender Date of Birth : [DD / MM / YYYY]

Caste : BC SC ST OC Sub Caste :

Religion : Qualification : Occupation :

Marital Status : Married Divorced Un Married Widow Only Single Woman

Aadhaar Linked Mobile No : Is This WhatsApp No : Yes No

Permanent Address

Present Address

Door No / Street :	Door No / Street :
District :	District :
Mandal / Municipality :	Mandal / Municipality :
Secretariat Name :	Secretariat Name :
PIN Code :	PIN Code :
Post Office :	Post Office :
Postal Village :	Postal Village :

Moles : 1.
2.

Old SADAREM % [If Available]:

Attachments:
 Aadhaar Card
 Identity Proof
 Address Proof

Applicant Sign / LTI