



Price: ` 1

## **Request for AIDS & Appliances Application Form**

### **Request Details**

SADAREM ID \*:

### **Individual Details:**

Surname:

Name:

DOB:

DOB Type:

Age:

Gender:

Educational Qualifications:

Occupation:

Individual Income:

Marital Status:

Caste:

Religion:

Ration Card No:

Type:

Ration Card Serial No:

Epic No:

Aadhar Card No:

SHG Member:

Identification Mark:

Identification Mark:

### **Family Details**

Relative / Parents Name:

Relation Type:

Family Income:

### **Address Details**

C/o:

House no:

Landmark:

District:

Mandal:

Town/Village:

Habitation:

Pin Code:

STD Code:

Mobile1:

Mobile2:

Email:

Having Disability Certificate:

Type of Disability:

Disability %:

### **Functional Needs**

Test of Disability:  Loco motor  Visual  Hearing  Mental Retardation

Functional Needs:

**Applicant's Signature**