



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**