



గ్రామ - వార్డు సచివాలయము
ఆంధ్రప్రదేశ్ ప్రభుత్వం



SENIOR CITIZEN CARD APPLICATION FORM

Aadhaar Number :

Father/Husband Name :

Gender : ☐ Male ☐ Female ☐ Transgender

Date of Birth : [DD / MM / YYYY]

Caste : ☐ BC ☐ SC ☐ ST ☐ OC

Sub Caste :

Religion :

Qualification :

Marital Status : ☐ Married ☐ Divorced ☐ Un Married ☐ Widow ☐ Single Women[Married]

Mobile No :

Is This WhatsApp No : ☐ Yes ☐ No

Permanent Address

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

Present Address

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

Blood Group :

Emergency Contact Person Mobile Number:

Emergency Contact Person Name :

Does You have any Aadhaar update history : ☐ Yes ☐ No

Does Your Aadhaar Linked To Mobile No : ☐ Yes ☐ No [If NO , Biometric is Mandatory]

Authentication Type : ☐ OTP ☐ Biometric

Attachments:

- ☐ Passport Size Photo [Latest]
- ☐ Aadhaar Card
- ☐ Aadhaar Card Update History

Applicant Sign / LTI