



స్వర్ణ గ్రామం స్వర్ణ వార్డు
ఆంధ్ర ప్రదేశ్ ప్రభుత్వం

SADAREM SLOT BOOKING



Download Application Forms at www.GSWShelper.com

Download Form

Application Onlined Date :

SADAREM ID :

SELECT TYPE OF DISABILITY

- | | | |
|--|---|---|
| ☐ Leprosy Cured Person | ☐ Parkinson's Disease | ☐ Thalassemia |
| ☐ Locomotor Disability | ☐ Hearing Impairment | ☐ Sickle Cell Disease |
| ☐ Dwarfism | ☐ Mental Illness | ☐ Acid Attack Victims |
| ☐ Cerebral Palsy | ☐ Intellectual Disability | ☐ Multiple Disabilities |
| ☐ Muscular Dystrophy | ☐ Blindness | ☐ Autism Spectrum |
| ☐ Multiple Sclerosis | ☐ Low-vision | ☐ Hemophilia |
| ☐ Chronic Neurological Conditions | ☐ Specific Learning Disability | ☐ 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 :
District :
Mandal / Municipality :
Secretariat Name :
PIN Code :
Post Office :
Postal Village :

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Moles : 1.
2.

Old SADAREM % [If Available]:

Attachments:

- ☐ Aadhaar Card
- ☐ Identity Proof
- ☐ Address Proof

Applicant Sign / LTI