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SADAREM SLOT BOOKING

Download Form

Application Onlined Date :

SADAREM ID :

SELECT TYPE OF DISABLILTY

- ☐ Leprosy Cured Person
- ☐ Locomotor Disability
- ☐ Dwarfism
- ☐ Cerebral Palsy
- ☐ Muscular Dystrophy
- ☐ Multiple Sclerosis
- ☐ Chronic Neurological Conditions
- ☐ Parkinson's Disease
- ☐ Hearing Impairment
- ☐ Mental Illness
- ☐ Intellectual Disability
- ☐ Blindness
- ☐ Low-vision
- ☐ Specific Learning Disability
- ☐ Thalassemia
- ☐ Sickle Cell Disease
- ☐ Acid Attack Victims
- ☐ Multiple Disabilities
- ☐ Autism Spectrum
- ☐ Hemophilia
- ☐ 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 WhatsAppNo: ☐ Yes ☐ No

Permanent Address	Present Address
DoorNo / Street :	Door No / Street :
District :	District :
Mandal / Muncipality :	Mandal / Muncipality :
Secretariat Name :	Secretariat Name :
PIN Code :	PIN Code :
Post Office :	Post Office :
Postal Village :	Postal Village :

Moles : 1.
2.

Old SADAREM % [If Available]:

Attachments:
- ☐ Aadhaaar Card
- ☐ Identity Proof
- ☐ Address Proof

Applicant Sign / LTI