

HEALTH CARD EMPLOYEE ENROLMENT FORM

Employee code [as given by DTA]:

Tick the one you possess: Aadhaar Card Number Aadaar Enrolment Receipt Number

Aadhaar card number [12 digit]:

--	--	--	--	--	--	--	--	--	--	--	--

Aadhaarenrolment number [28 digit]:

PERSONAL DETAILS*

Name [as in Service Register]:

Sex: Male Female Community: SC ST BC MIN. OTHERS Marital status: Single Married Divorced Widowed

Date of Birth [dd-mm-yyyy]: Date of Joining service[dd-mm-yyyy]:

Disabled? Yes No Disability: Orthopaedic Visual Hearing Mental Disability Percent:

RESIDENTIAL ADDRESS

House Number:	Street:	District:										
Tick one: <input type="checkbox"/> Mandal <input type="checkbox"/> Municipality	Mandal/Municipality Name:	Village/Town/City name:										
Email:	Mobile Number [personal cell]:											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8.33%; height: 20px;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> </tr> </table>											

OFFICE ADDRESS

House Number:	Street:	District:										
Tick one: <input type="checkbox"/> Mandal <input type="checkbox"/> Municipality	Mandal/Municipality Name:	Village/Town/City name:										
Mandal/Municipality Name:	Mobile Number [office cell if it exists]:											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8.33%; height: 20px;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> <td style="width: 8.33%;"></td> </tr> </table>											

IDENTIFICATION DETAILS

Ration Card Number:

Identification Mark 1*:

Identification Mark 2:

CURRENT POSTING DETAILS*

Head of the Department:

District of Posting:

DDO Code [write the DDO code of your Drawing and Disbursing Officer given by DTA]:

Category [write the name of category of post you are holding. Ex: Senior Assistant]:

		□M □F	<input type="checkbox"/> Aadhaar No <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <input type="checkbox"/> Enrolment No <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																									<input type="checkbox"/> Ortho <input type="checkbox"/> Blind <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Percent: <table border="1"> <tr><td></td><td></td></tr> </table>		
		□M □F	<input type="checkbox"/> Aadhaar No <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <input type="checkbox"/> Enrolment No <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																									<input type="checkbox"/> Ortho <input type="checkbox"/> Blind <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Percent: <table border="1"> <tr><td></td><td></td></tr> </table>		
		□M □F	<input type="checkbox"/> Aadhaar No <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <input type="checkbox"/> Enrolment No <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																									<input type="checkbox"/> Ortho <input type="checkbox"/> Blind <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Percent: <table border="1"> <tr><td></td><td></td></tr> </table>		

DECLARATION*

The above information is true to the best of my knowledge. I agree to share my Aadhaar details of self and family with Government of Andhra Pradesh. I am aware that declaration of wrong dependents will entail disciplinary action against me.

Employee's signature:

Date: