HEALTH CARD EMPLOYEE ENROLMENT FORM

Employee	Favoleure ande for siven by DTA1														
Employee code [as given by DTA]:															
Tick the one you possess: □Aadhaar Card Number □Aadaar Enrolment Receipt Number															
Aadhaar card number [12 digit]:															
]
Λ.	adhaaranr	olmor	t nun	nhor [20 d	liai+1•										
Ac	Aadhaarenrolment number [28 digit]:								1						
							PERSO	NAL DE	TAILS	*					
Name [as	in Service	e Reg	ister]	:											
Sex: □Male □Female		Community: ☐ SC ☐ ST ☐ BC ☐ MIN. ☐ OTHERS			Marital status: ☐ Single☐Married☐Divorced☐ Widowed										
Date of B yyyy]:	irth [dd-m	ım-		of Joining	g service[dd-mm-y	ууу]:								
Disabled? ☐ Yes ☐ No		No	Orth	bility: □ lopaedic □ earing □M		Disability Percent:									
RESIDEN	ITIAL AD	DRES	S												
House Nu	House Number: Street: District:														
Tick one: ☐Mandal☐Muncipality		ility	Nam			_	Village/Town/City name:								
			Mob	ile Numbe	r [person	al cell]:					_				
Email:															
OFFICE	ADDRESS														
			Stre	ot:		District									
House Number: Tick one:			Mandal/Municipality												
☐Mandal☐Muncipality		lity	Name:			Village/Town/City name:									
	Municipality		Mobile Number [office cell if it exists]:												
Mandal/M Name:		'													
IDENTIFICATION DETAILS															
Ration Ca	rd Numbe	er:													
Identification Mark 1*:															
Identification Mark 2:															
CURRENT POSTING DETAILS*															
Head of the Department:															
DDO Code [write the DDO code of your Drawing and Disbursing Officer given by DTA]:															
Category	Category [write the name of category of post you are holding. Ex: Senior Assistant]:														

CURRENT PAY DETAILS*					
Pay Grade [write your paygrade as per PRC, from 1 to 32]:					
Source [write your source PRC 93, PRC 99, PRC 2005, PRC 2010]:					
Pay Scale [write your payscale]:	Current Pay[write your currenty pay]:				

ATTACHMENTS*

SELF

Service Register (two pages): Scan the pages 1 and 2 of old service register (or) pages 4 and 5 of new service register with your name etc. clearly visible.

Photo: Scan a 45 mm x 35 mm ICAO compliant passport size colour photograph of 200 Kb size.

Aadhaar Card/Receipt: Scan the Aadhaar card with your name and number clearly visible if you are giving the Aadhaar number (or) scan the Aadhaar enrolment receipt with your name and enrolment number clearly visible if you are giving the Aadhaar enrolment number.

Disabled Certificate: Scan your disability certificate if you are disabled.

DEPENDENT FAMILY MEMBERS

Photo: Scan a 45 mm x 35 mm ICAO compliant passport size colour photograph of 200 Kb size.

Aadhaar Card/Receipt: Scan the Aadhaar card with your name and number clearly visible if you are giving the Aadhaar number (or) scan the Aadhaarenrolment receipt with your name and enrolment number clearly visible if you are giving the Aadhaar enrolment number.

DoB Certificate: Scan the Date of birth certificate if the dependent family member is less than 5 years of age.

Disabled Certificate: Scan disability certificate if family member is disabled.

DEPENDENT FAMILY MEMBER DETAILS						
Relationship	Name	Sex (tick one)	DoB (dd-mm-yyyy)	AadhaarNumber (tick one and write the number)	Disability	
		□M □F		□ Aadhaar No □ Enrolment No	☐ Ortho ☐ Blind ☐ Hearing ☐ Mental Percent:	
		□M □F		□ Aadhaar No □ Enrolment No	☐ Ortho☐ Blind☐ Hearing☐ Mental☐ Percent:☐	
		□M □F		□ Aadhaar No □ Enrolment No	□ Ortho □Blind □Hearing □Mental Percent:	

□ Aadhaar No □ Cortho □ Blind □ Hearing □ Mental Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Enrolment No □ Mental □ Enrolment No □ Mental □ Enrolment No □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Enrolment No □ □ Ortho □ Blind □ Hearing □ Mental □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Description □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Description □ Ortho □ Blind □ Hearing □ Mental □ Description □ Description □ Ortho □ Blind □ Hearing □ Mental □ Description □ Ortho □ Blind □ Hearing □ Mental □ Description □ Ortho □ Blind □ Description □ Descr			
□ Ortho □ Blind □ Hearing □ Mental Percent: □ □ Ortho □ Blind □ Hearing □ Mental □ Ortho □ Blind □ Hearing □ Hearing □ Mental	□М □F	□ Aadhaar No □ Enrolment No	□Blind □Hearing □Mental
□ Ortho □ Blind □ Hearing □ Mental	□М □F		□Blind □Hearing □Mental
	□М □F		□ □Blind □ □ Hearing □ □ □ Mental

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: