Home Guards/ Anagnwadi Worker/ Anganwadi Helper/

ASHA/Gopal Mitra/Adarsh Raithu/Vidya Volunteer/Other Details

Note: Please read the Guidelines sent by Department before filling the form, in CAPITAL LETTERS in blue/ black ball point pen only. (*Please avoid Short Forms and Abbreviations*)

1.1 Employee ID 1.2 Employee Type Homeguard/ Anganwadi Workers/ ASHA/ Mandal Samkya/ Gopal Mitra/ Anganwadi Helper/ Vidya Volunteers/ Village Samkya/ Zilla Samkya/ Village Servant/ Village Revenue Assistants/ Adarsh Raitu/ Others (Please Select the applicable type) 1.3 Surname(ఇంటి పేరు) 1.4 Name 1.5 Gender Male Female 1.6 Father / Husband										
1.2 Employee Type Homeguard/ Anganwadi Workers/ ASHA/ Mandal Samkya/ Gopal Mitra/ Anganwadi Helper/ Vidya Volunteers/ Village Samkya/ Zilla Samkya/ Village Servant/ Others (Please Select the applicable type) 1.3 Surname(ఇంటి పేరు) 1.4 Name Male Female										
Volunteers/ Village Samkya/ Zilla Samkya/ Village Revenue Assistants/ Adarsh Raitu/ Others										
1.4 Name 1.5 Gender Male Female										
1.5 Gender Male Female										
I TAU I GUICE / TIUSDOILU FOLICE MUSDOILU										
Father / Husband Name										
1.7 Date of Birth / / (DD/MM/YYYY)										
1.8 Marital Status Single Married Divorced Widow Widower										
1.9 Place of Birth										
District										
Mandal										
Village										
1.10 Place of Initial Appointment										
District Mandal										
Village										
1.11 Terms of Payment Daily Monthly Weekly For Night Others										
1.12 Remuneration										
1.13 Office in Which Employee is Working:										
1.14 Head of Account:										
1.15 Mobile No.										
1.16 Personal E-Mail Id										
1.17 Community SC ST BC – A BC-B BC-C BC-D BC-E										
Minority Others										
2. Bank and Other key Details										
2.1Date of Entry into Service: / / / (DD/MM/YYYY)										
2.2 Aadhar No										
2.3 PAN										
2.4 Bank Name										
2.5 District of the Bank Branch										
2.6 Bank Branch										

Home Guards/ Anagnwadi Worker/ Anganwadi Helper/

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2.7 Bank A/C No									
2.8 IFS Code									

DECLARATIO	ON*							
The above information is true to the best of my knowledge. I agree to share details of self and family with								
Government of Andhra Pradesh. I am aware that declaration o	f wrong details will entail disciplinary action against							
me.								
Individual's Circuture	Data							
Individual's Signature	Date:							
DDO's Signature	Date:							
5 1 1 0 1 1 1								