New Application for providing Dr. YSR Aarogyasri Health Card

Family details:

S.No.	Member Name	Mobile #	Age	Gender (M/F/TG)	Relation with Family head	DOB	Aadhar number
1.							
2.							
3.							
4.							
5.							

Address:

Door No: _____ Locality/Landmark_____

Village/Ward: _____ Mandal: _____

District: _____ Pin Code: _____

FP Shop No: _____ State: _____

Family Photograph

RICE card details / Jagan Anna Vidya Deevena / Jagan Anna Vasati Deevena (If available):

Card Type: RICE card / Jagan Anna Vidya Deevena / Jagan Anna Vasati Deevena/ YSR pension kanuka

card No. _____

Anyone in your family a government employee/Pensioner: Yes/No

Family income details:

Member Name	Annual Income	Paying income tax for Less than 5 lacs (Yes/No)
Total Family Annual Income:		

Details of the Land holding by the family:

Member Name	Wet Land (in Acres)	Dry Land (in Acres)	Total Land (in Acres)
Total (in Acres)			

Property Tax Details:

Are you paying Property Tax: Yes/No

If yes, fill the following details

Member Name	Total no.of Sq.ft for which Tax is paid
Total in Sq.ft :	

No. of personal cars owned by family: _____

Enclosures:

	RICE Card / Jagan Anna Vidya Deevena / Jagan Anna Vasati Deevena (xerox copy)
	IT return/Salary certificate
	Aadhar copies of all the members
	Property tax proof
	Pattadar passbook copy

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 information will entail any disciplinary action against me.

Signature of the Volunteer: **Signature of the HouseHold:**

Name: **Name:**