

## 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 Deevana / Jagan Anna Vasati Deevana (If available):

Card Type: RICE card / Jagan Anna Vidya Deevana / Jagan Anna Vasati Deevana/ 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 Deevana / Jagan Anna Vasati Deevana (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:**

**Name:**

**Signature of the Household:**

**Name:**