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: ❑Mandal❑Muncipality	Mandal/Municipality Name:	Village/Town/City name:

Email:	Mobile Number [personal cell]:

OFFICE ADDRESS

House Number:	Street:	District:

Tick one: ❑Mandal❑Muncipality	Mandal/Municipality Name:	Village/Town/City name:

Mandal/Municipality Name:	Mobile Number [office cell if it exists]:

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]:

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:
Whether your spouse is a Government Employee / Pensioner? ❑ Yes ❑ No Employee / Pensioner id:					
Posting Details: Head Of the Department: District of Posting : DDO Code [write the DDO code of your Drawing and Disbursing Officer given by DTA]: Designation:					
Pay Details: Pay Source: PRC: Pay Grade: Current Pay:					
		❑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:
		❑M ❑F		❑Aadhaar No ❑ Enrolment No	❑ Ortho ❑Blind ❑Hearing ❑Mental Percent:

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: