



గ్రామ - వార్డు సచివాలయము
ఆంధ్రప్రదేశ్ ప్రభుత్వం



E SHRAM Card REGISTRATION

Aadhar Number _____ Name: _____

Gender : _____ Date of Birth : _____ Blood Group _____

Personal Details	
Mobile Number	
Emergency Mobile Number	
Marital Status	
Father/Husband / Wife Name	
Social Category	
Differently Abled	
Nominee Details	
Nominee Name	
Gender	
Relationship with UW	
Date of Birth	
Address	
Home / Native state	
Home / Native district	
Current Address	
Staying at current location	
Permanent Address With House No	
Qualification and Income Details	
Qualification	
Monthly Income	
Primary Occupation	

Working experience in Primary Occupation	
How did you acquire Skills?	
Sub Skill	
Bank Account Detail	
Bank Account Seeded with Aadhaar	
Bank Account Number	
Account Holder Name	
IFSC Code	
Bank Name	
Branch Name	

Declaration

I solemnly declare that all the information furnished in this registration form is true to the best of my knowledge. I take the responsibility for the correctness of the information furnished by me for this registration.

Further it is declared that

1. I am not a member of ESIC /EPFO.
2. I am not a income tax payer.
3. All the information provided by me may be validated at the time of receipt of any scheme related monetary benefits under social security code of government of India.

I undertake that, I am neither a member of Government services/PSUs, nor an income tax payee. I also undertake that the information furnished in the registration form is true to the best of my knowledge. If any of the fact(s) provided by me is found to be incorrect, I shall be liable for legal action as deemed appropriate.

Signature of the Applicant