



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



Splitting of Household Members Application Form

Applicate Details

Applicant Aadhar: _____ Applicant Name:- _____

Applicant Father/Husband Name:- _____ Gender:-Male/Female DOB _____

Caste:-BC-A,BC-B,BC-C,BC-D,BC-E,SC,ST,OC Religion:- _____ Qualification:- _____

Married Status:- Married,Unmarried,Widow,Single Women, Divorced Mobile No _____

Household Member Details

Select Head of Family: _____ Service Type:- Marriage Split/Existing Household

Sl no	Name of the Citizen	eKYC Status	Gender*	Status*	Marital Status*	DOB	Cast e	Relatio nship	Split Type*	Desired Household*
1		Y	Male/ Female	Alive/ Dead	Married/Un married				Existing HH/ Marriage	Household-1/ Household-2
2		Y	Male/ Female	Alive/ Dead	Married/Un married				Existing HH/ Marriage	Household-1/ Household-2
3		Y	Male/ Female	Alive/ Dead	Married/Un married				Existing HH/ Marriage	Household-1/ Household-2
4		Y	Male/ Female	Alive/ Dead	Married/Un married				Existing HH/ Marriage	Household-1/ Household-2
5		Y	Male/ Female	Alive/ Dead	Married/Un married				Existing HH/ Marriage	Household-1/ Household-2
6		Y	Male/ Female	Alive/ Dead	Married/Un married				Existing HH/ Marriage	Household-1/ Household-2

* Strike off remaining data

Household Number 1

Select Head of Household 1 _____

Household Number 2

Select Head of Household 2 _____

Sl.no	Name of the Citizen	Relationship

Sl.no	Name of the Citizen	Relationship

eKYC for Household 1 _____

eKYC for Household 2 _____

Proof of Document for Household 1

Proof of Document for Household 2