

Marriage

Split Type

GOVERNMENT OF ANDHRA PRADESH GVWV and VSWS Department

Household Split Field Verification Form

| Secretariat De | tails | | | |
|--------------------|----------|------------------|----------------------|---------|
| Secretariat Name | | Volunteer Name | | |
| Secretariat Code | | | Cluster ID | |
| | | | | |
| Applicant Deta | ils | | | |
| Application Number | | | Application Date | |
| Secretariat Name | | | Secretariat Code | |
| | <u> </u> | | | · |
| | | RESULTANT HOUSEH | IOLD 1 (As on field) | |
| Address: | | | | |
| Citizen Name | Aadhaar | Marital Status | Relationship status | Remarks |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | - |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | RESULTANT HOUSEH | IOLD 2 (As on field) | |
| Address: | | | | |
| Citizen Name | Aadhaar | Marital Status | Relationship status | Remarks |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Household 1 | | | | | | |
|--|---|-------------|----------|--|--|--|
| Is there a married couple in Household 1? | ☐ No | | | | | |
| I have personally visited and verified the marriage pro | Yes | ☐ No | | | | |
| Document verified: Marriage/Rice Card/ Arogyasri Card/Family Member Certificate/Passport/Aadhaar | | | | | | |
| The married couple mentioned in the application mate | ches the couple on the field. | Yes | □No | | | |
| | | | | | | |
| Household 2 | | | | | | |
| Is there a married couple in Household 2? | ☐ No | | | | | |
| I have personally visited and verified the marriage proof document for Household 2. Yes No | | | | | | |
| Document verified: Marriage/Rice Card/ Arogyasri Card/Family Member Certificate/Passport/Aadhaar | | | | | | |
| The married couple mentioned in the application mate | Yes | □No | | | | |
| | | | | | | |
| Separate Living | | | | | | |
| I have personally visited and verified that both Households are living separately. | | | ☐ No | | | |
| | | | | | | |
| | | | | | | |
| Field Verifier Details | | | | | | |
| Field Verifier Details Employee Name | Employee Designation | | | | | |
| Employee Name Inspection Time | Employee Designation District Name | | | | | |
| Employee Name Inspection Time and Date | District Name | | | | | |
| Employee Name Inspection Time | | | | | | |
| Employee Name Inspection Time and Date | District Name | | | | | |
| Employee Name Inspection Time and Date | District Name | | | | | |
| Employee Name Inspection Time and Date Recommendation | District Name Remarks | nwladga an | d haliaf | | | |
| Employee Name Inspection Time and Date Recommendation I solemnly swear that the above-mentioned particular | District Name Remarks s are true to the best of my known | _ | | | | |
| Employee Name Inspection Time and Date Recommendation | District Name Remarks s are true to the best of my known | _ | | | | |
| Employee Name Inspection Time and Date Recommendation I solemnly swear that the above-mentioned particular and it conceals nothing and that no part of it is false. | District Name Remarks s are true to the best of my known | _ | | | | |
| Employee Name Inspection Time and Date Recommendation I solemnly swear that the above-mentioned particular and it conceals nothing and that no part of it is false. | District Name Remarks s are true to the best of my known | _ | | | | |
| Employee Name Inspection Time and Date Recommendation I solemnly swear that the above-mentioned particular and it conceals nothing and that no part of it is false. | District Name Remarks s are true to the best of my known | _ | | | | |
| Employee Name Inspection Time and Date Recommendation I solemnly swear that the above-mentioned particular and it conceals nothing and that no part of it is false. | District Name Remarks s are true to the best of my known | _ | | | | |
| Employee Name Inspection Time and Date Recommendation I solemnly swear that the above-mentioned particular and it conceals nothing and that no part of it is false. | District Name Remarks s are true to the best of my known | _ | | | | |
| Employee Name Inspection Time and Date Recommendation I solemnly swear that the above-mentioned particular and it conceals nothing and that no part of it is false. | Remarks s are true to the best of my known in case if found in the future to | hat the dec | | | | |