

## గ్రామ - వార్డు సచివాలయము ఆంధ్రప్రదేశ్ ప్రభుత్వం



## **Splitting of Household Members Application Form**

**Applicate Details** 

Аp	plicar	it Aadh	nar:			Арр	pplicant 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														
					Hous	ehold	Mei	mher	Deta	ils				
Sel	Select Head of Family:Service Type:- Marriage Split/Existing Household													
SI		of the	eKYC	Gender*	Status*			DOB	Cast	Relatio	Split T	уре*	Desired	
n o	Citizen		Statu			Status*			е	nship			Household*	
1				Male/	Alive/	Married/Un					Existing HH/		Household-1/	
2			Y	Female Male/	Dead Alive/	married Married/Un					Marriage Existing HH/		Household-1/	
2			1	Female	Dead	married					Marriage Marriage		Household-2	
3			Y	Male/ Female	Alive/ Dead	Married/Un married					Existing HH/ Marriage		Household-1/ Household-2	
4	1		Y	Male/	Alive/	Married/Un					Existing HH/		Household-1/	
				Female	Dead	married					Marriage		Household-2	
5			Y	Male/ Female	Alive/ Dead	Married/Un married					Existing HH/ Marriage		Household-1/ Household-2	
6			Y	Male/	Alive/	Married/Un					Existing HH/		Household-1/	
				Female	Dead	married					Marriage		Household-2	
* 5	* Strike off remaining data  Household Number 1  Household Number 2													
Select Head of Household 1 Select Head of Household 2														
	Sl.no Name of the Citizen R					Relationship			no Name of the Citize			ren Relationship		
	- Nume				Helation	5111 <b>p</b>								
ام	KYC for	Househo	old 1					eKYC fo	or House	ehold 2				
								CRICIC	110036	2.11010 Z				
				ousehold 1										
P	roof of	Docume	nt for H	ousehold 2										