

APPLICATION FOR GRANT OF DOUBLE BED ROOM HOUSE

<u>Reque</u>	est Details				
Food Se	ecurity Card (FSC Ref) Number:				
Applic	ant Details				
Name of the Applicant *:		Relationship Nam	Relationship Name(S/O,W/O,D/O):		
Aadhaa	r Number*:	Gender *:	Gender *:		
Age*: _					
<u>Detail</u> :	s of The All Family Member	rs Including Applicant:			
S.No.	Name of the Person	Relation with Applicant	Age	Aadhaar Number	
Address	s for Communication: GHMC	Area / Municipality 🔲 Rural			
If GHM	C Area / Municipality: -				
House	No*:	Mandal*:			
Village*: Ward*:					
Land Mark*: Locality/Area *:					
Colony *: Pin Code*:					
If Rural:	<u>:-</u>				
House No*:		Mandal*:	Mandal*:		
Village*	*:	Pin Code*:			
Occupa	tion*:	Religion*: 🗆 Hindu 🗅	Muslim 	Christian □Others	
Commu	ınity*: □ OC □ BC □ST □ SC I	☐ Others			



Documents List:

NOTE: 1. Size of each Upload Document should not exceed 200KB.

2. All Upload Documents should be in PDF Only.

- 1. Application Form*
- 2. Passport Size photo *

Applicant's Signature