

AADHAAR Application Form

Government of Kerala

Information to be collected for the UID Project – AADHAAR					
1	Name				
2	Date of Birth	DD	MM	YYYY	Age(Years)
3	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	
4	Father's /Husband's/Guardian Name and UID Number				
5	Mother's/ Wife's / Guardian Name and UID Number				
6	Introducer's Name & UID No.				
7	Address	House No.			
		House Name			
		Place			
		Post	PIN <input type="text"/>		
		District			
8	Contact Details	Telephone	Mobile		
		Email			
Information to be collected for Government of Kerala (KYR +)					
1	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widow <input type="checkbox"/>	
2	Category	General <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/> Others <input type="checkbox"/>
3	Highest Qualification				
4	House Status	Own <input type="checkbox"/>	Rented <input type="checkbox"/>	Others <input type="checkbox"/>	
5	Physically Handicapped	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, % of handicap <input type="text"/>	
6	Occupation	Govt. Service Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, PEN <input type="text"/>			
		Pvt. Service <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Self Employed <input type="checkbox"/> Daily Wage <input type="checkbox"/> PSU <input type="checkbox"/> Others <input type="checkbox"/>			
7	Driving Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Licence No.		
8	Electoral Photo Identity Card No		PAN Card No.		
9	Bank Details , if any: Name of Bank /Post office				
	Branch		A/C No.		
10	LPG Gas Connection	Yes <input type="checkbox"/> No <input type="checkbox"/>			
11	Ration Card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No.		
12	Employment Exchange Regn.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No.		
13	NREGA Registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No.		
14	Passport	Yes <input type="checkbox"/> No <input type="checkbox"/>	PP No.		
15	Comprehensive Health Insurance Scheme (CHS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No.		

Verifier's Name and Signature

Introducer's Name and Signature