



GREATER HYDERABAD MUNICIPAL CORPORATION

AASARA

Equal Rights & Dignity for Elders



REGISTRATION FORM

Please
Affix your
Photograph

APPLICANT'S DETAILS (ALL FIELDS MUST BE FILLED IN CAPITALS)

Applicant's Name*

Father's /
Husband's Name

Signature

Date of Birth DD / MM / YYYY

Sex* M F

Age*

Address for Communication:

Door No.*

Locality*

Area Name*

Landmark

Pin Code*

Phone Number

Mobile No.

E-mail

FAMILY DOCTOR / DOCTOR - PARTICULARS -----

Family Doctor's Name

Doctor Tel.

Mobile No.

E-mail

Medial History:

Allergic to

Blood Group*

Suffering from

Medication in use

OTHER INFORMATION -----

Details of previous experience / service / job particulars

Any specific activities you want to participate under Aasara programme

(For Example Voluntary, Walking, Yoga, Singing, etc)

Nearest Police Station

DETAILS OF THE NEAREST HOSPITAL:Name of the Hospital Phone No. Name of the Doctor Doctor's Mobile No. E-mail **IN CASE OF EMERGENCY, LOCAL PERSON TO BE CONTACTED (IN HYDERABAD):**Contact Person* Relationship with the Citizen* Address* Phone No. Mobile No. E-mail **IN CASE OF EMERGENCY, PERSON TO BE CONTACTED (OUTSIDE HYDERABAD):**Contact Person Relationship with the Citizen Address Phone Number Mobile Number E-mail

I certify that the above information is true to the best of my knowledge and belief.

Signature of the Applicant:

Please attach the following to this application form:

- a. 2 Passport Size Photographs
 - b. Age Proof
 - c. Address Proof
- } *Ration card or Voter ID card or
Driving License or Passport,
or any other valid proof*

Call: 040-23226982

Online form can also be downloaded from <http://ghmc.gov.in>
You may also use Photostat Copies of the Application form.
send your application by post to:

The Commissioner,
Greater Hyderabad Municipal Corporation
AASARA, 3rd Floor, Municipal Complex,
Tank Bund Road, Hyderabad - 500 063