



Chief Minister,
Assam



APPLICATION FORM

Orunodoi 3.0

Fresh Application under the Seva Sanklap Abhiyan
(only for Divyangjans and women of households with specified illness)

District*

LAC*

Ration Card
Number*

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Paste your
recent colour
Photo

(Sign across
the photo)

1 APPLICANT DETAILS

Applicant First Name*

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Middle Name Last Name*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C/O or W/O or D/O

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender*

☐

Male

☐

Female

☐

Others

DoB*

D	D	M	M	Y	Y	Y	Y
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2 ADDRESS DETAILS

Block/ULB/MAC*

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House No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

GP/VCDC/VDC/Ward*

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Police Stn.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Village Name*

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Polling Stn.:

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Locality/Landmark*

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Mobile No *

+91																			
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PIN

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3 DIVYANGJAN DETAILS

1. Is the applicant a person with disability (Divyangjan)?

☐ Yes

☐ No

2. UDID No:

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4 WOMEN IN HOUSEHOLD WITH CHRONIC HEALTH CONDITIONS

Select the illness

☐

Thalassemia

☐

Haemophilia

☐

Cerebral Palsy

☐

Leprosy

☐

Autism Spectrum Disorder (ASD)

6 CONSENT & SELF DECLARATION

a. CONSENT FOR AADHAAR

I hereby provide consent to use my Aadhaar Number, Biometric and/or One Time Pin(OTP) data, for the purpose of establishing my identity in connection to Orunodoi scheme. I have no objection in authenticating myself and fully understand that information provided by me shall be used for authenticating my identity through Aadhaar for the purpose stated above.

My Aadhaar Number is*

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b. CONSENT FOR EPIC AND RATION CARD

I hereby provide consent to use my EPIC and Ration card number for the purpose of establishing my identity in connection to implementation of Orunodoi scheme. I have no objection in authenticating myself and fully understand that information provided by me shall be used for authenticating my identity

My EPIC Number is*

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7 SELF-DECLARATION SIGNED (Please tick ✓)

DECLARATION

- ☐ 1. I have carefully read the guidelines of Orunodoi 3.0 & certify that my application fulfills all requisite criteria.
- ☐ 2. All the information provided in this application form is true to the best of my knowledge. For any deviation found at a later stage, my application may be cancelled and I will be liable for any action.
- ☐ 3. I hereby willfully give consent to Government of Assam for collating and sharing the above provided information for proper implementation of the scheme.

Thumb impression/
Signature of the applicant

All the mandatory fields (marked as*) in the Application Form to be duly filled up