



## Registration for Unorganized Worker -Transport Driver -Application Form

### Applicant Details

Type of Worker\*: Transport Drivers

Name of the RTA office \*: \_\_\_\_\_ Driver License Number \*: \_\_\_\_\_

Full Name of Unorganized Worker/Transport Driver\* : \_\_\_\_\_ Aadhar Number\* \_\_\_\_\_

Category of Worker\*:  Home Based Worker  Self employed worker

Wage workers in organized sector not covered in EPF and ESI  Wage workers in unorganized sector

Ration Card No\*: \_\_\_\_\_ Father Name\*: \_\_\_\_\_

Mother Name\*: \_\_\_\_\_ Date of Birth\* (DD/MM/YYYY): \_\_\_\_\_ Age\*: \_\_\_\_\_

Gender\*:  Male  Female Caste\*: \_\_\_\_\_ Mobile Number\*: \_\_\_\_\_

Status of Health\*:  Good  Normal  Diseased  Satisfactory

Are You A Migrant Worker\*:  NO  From other State  From other District

Bank Account Number \*: \_\_\_\_\_ Bank Name\*: \_\_\_\_\_

Branch Name \*: \_\_\_\_\_ IFSC Code\*: \_\_\_\_\_

### Permanent Address:

State\*: \_\_\_\_\_ District\*: \_\_\_\_\_ Mandal\*: \_\_\_\_\_

Village / Ward \*: \_\_\_\_\_ H. No/Building No \*: \_\_\_\_\_

Locality / Land Mark \*: \_\_\_\_\_ Pin Code : \_\_\_\_\_

Delivery Type\*: Manual

### Present Address:

State\*: \_\_\_\_\_ District\*: \_\_\_\_\_ Mandal\*: \_\_\_\_\_

Village / Ward \*: \_\_\_\_\_ Door No \*: \_\_\_\_\_

Locality / Land Mark \*: \_\_\_\_\_ Pin Code : \_\_\_\_\_



**Family Member Details (Including self/dependents):-**

| 1.S.NO | 2.Name of the Family Member* | 3.Age* | 4.Gender* | 5.Relationship to unorganized* | 6.Aadhar Number(UID)* | 7.Average Income(Annual) | 8.Main Occupation |
|--------|------------------------------|--------|-----------|--------------------------------|-----------------------|--------------------------|-------------------|
|        |                              |        |           |                                |                       |                          |                   |
|        |                              |        |           |                                |                       |                          |                   |
|        |                              |        |           |                                |                       |                          |                   |

| 9. Category of Worker * | 10. Highest Education Qualifications | 11.Skill Training Required | 12.Is Nominee Yes/no* | 13.Bank Name *                             | 14.Account No* | 15.Branch name* | 16.IFSC Code* | 17.Percentage Share * |
|-------------------------|--------------------------------------|----------------------------|-----------------------|--|----------------|-----------------|---------------|-----------------------|
|                         |                                      |                            |                       | Optional fields if member is not a Nominee |                |                 |               |                       |
|                         |                                      |                            |                       |  |                |                 |               |                       |
|                         |                                      |                            |                       |  |                |                 |               |                       |
|                         |                                      |                            |                       |  |                |                 |               |                       |

| 18.Whether a Member of Other Schemes Yes/no | 19. If yes Name of the scheme | 20.Registration No./Sanction No. |
|---|-------------------------------|----------------------------------|
|   |                               |                                  |
|   |                               |                                  |
|   |                               |                                  |



State at their discretion may obtain information regarding the skilling and educational qualification

| S.No.* | Name of children | Class Studying | School/college | Roll No |
|--------|------------------|----------------|----------------|---------|
|        |                  |                |                |         |
|        |                  |                |                |         |

**Name of the Schemes (if whether a Member of Other Schemes Yes cases)**

1. Indira Gandhi National Old-age Pension Scheme (IGNOAPS)
2. Aam Aadmi Bima Yojana
3. Rashtriya Swasthya Bima Yojana (RSBY)
4. NREGA
5. Dwra
6. Building and Other Construction Workers Board
7. AP Labour Welfare Board

**Documents List:**

(NOTE: 1.Total size of Upload Document should not exceed 3 MB.2. All Upload Documents should be in PDF Format Only)

1. Passport Size Photo\* \*
2. Application Form \*
3. Copy of Aadhar Card \*
4. Copy of Ration Card \*
5. Driving license ( Mandatory For Transport Drivers, Optional for Unorganized worker)

### **DECLARATION**

The particulars furnished above by me are true and correct to the best of my knowledge. The particulars furnished by me, if found false, I will be responsible for legal action.

**Applicant's Signature**