



గ్రామ - వార్డు సచివాలయము
ఆంధ్ర ప్రదేశ్ ప్రభుత్వం



YSR Kalyanamasthu /YSR Shaadi Tohfa 2022-23 WEA/WWDS Field Verification Form

Secretariat Details				
Secretariat Name		Volunteer Name		
Secretariat Code		Cluster ID		
Application Details				
Application ID		Marriage Category		
Marriage Certificate ID		Marriage Type		
Basic Details				
Bride Details		Bridegroom Details		
Name		Name		
Aadhaar No.		Aadhaar No.		
Date of Birth		Date of Birth		
Father's Name		Father's Name		
Caste		Caste		
Sub Caste		Sub Caste		
Gender		Gender		
General Eligibility Verification				
Criterion	Bride Details		Bridegroom Details	
	As per System	As per Field	As per System	As per Field
Monthly Family Income				
Dry land holding of family				
Wet Land holding of Family				
Any person in the Family working in Central/State Govt/PSU/Private etc. with income more than 12000/-				
Electricity consumption				
Four-Wheeler				
Urban property				
Income tax payees		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Scheme Specific Verifications					
Category	Bride Details		Bridegroom Details		
	As per System	As per Field	As per System	As per Field	
10 th Class					
Differently Abled					
BOCWWB member in Family			Not Applicable		
Bride's 1 st Marriage					
Bride is Widow			Not Applicable		
Proof Document (If Bride is Widow)			Not Applicable		
Marriage Details Verification					
	As per System	As per Field		As per System	As per Field
Marriage Date			Marriage Venue		
			Place of Marriage		
<i>I have personally verified the Marriage Photo</i>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>I have personally verified the Wedding Card</i>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neighbour Verification Details					
<i>Has a neighbour confirmed the applicants' marriage details</i>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neighbour Name		Neighbour Aadhaar			
Neighbour Remarks					
Neighbour Signature					
Field Verifier Details					
WEA/WWDS Name		Employee ID			
Time and Date		Recommendation			
Remarks					

I solemnly swear that the above-mentioned particulars are true to the best of my knowledge and belief, and it conceals nothing and that no part of it is false. In case if found in future that the declaration given above is false, I am liable for prosecution.

Signature of the Applicant

Signature of the WEA/WWDS