

Khalsa Diwan Afghanistan Community Census

Please complete this form so that as a community, we can provide more tailored services, and support, activities and grants from the government. Your responses will help us grow stronger together.

Insert Head Of Family Photo Here

Household Address:	
Name:	Name:
Number:	Number:
Date Of Birth:	Date Of Birth:
Gender:	Gender:
Place Of Birth:	Place Of Birth:
Which chronic disease are you suffering from, for example	Which chronic disease are you suffering from, for example
☐ Diabetes ☐ high blood pressure ☐ High cholesterol	☐ Diabetes ☐ high blood pressure ☐ High cholesterol
sever depression anxiety neurosis.	sever depression anxiety neurosis.
Name:	Name:
Number:	Number:
Date Of Birth:	Date Of Birth:
Gender:	Gender:
Place Of Birth:	Place Of Birth:
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☐ Diabetes ☐ high blood pressure ☐ High cholesterol	☐ Diabetes ☐ high blood pressure ☐ High cholesterol
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sever depression anxiety neurosis.	sever depression anxiety neurosis.
What services or activities do you think we need as a co	mmunity?
If you have more family members, please use another for	rm
if you have more laining members, preuse use unother to	

Sardar Harinder Singh Madhan, President CKDA-UK

If you would like to fill this online on a google form you can do that by scanning this barcode: