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A Study on the Awareness Regarding Healthcare Initiatives for UnderservedPopulations in Andhra Pradesh

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Abstract: In recent years, the Government of Andhra Pradesh, India has undertaken innovative measures to improve the future health status of its population. These efforts have been supported by international institutions like the World Bank, the European Commission, and the Department for International Development (DFID), which have contributed to reform initiatives in the health sector. However, a pivotal moment occurred in 2004 when the Chief Minister showed significant interest in high-impact initiatives and encouraged creative ideas in health sector reform. This shift in perspective garnered political support for reform, leading to substantial funding commitments and the expedited delivery ofimproved services to the state's underprivileged populations. One notable outcome of this reform effort is the establishment of one of the world's largest health insurance programs, driven by the recognition that medical expenses often drive individuals into debt. Through partnerships with the private sector, the government has been able to enhance healthcare delivery efficiency through contract arrangements. Among the reform initiatives is the Andhra Pradesh Health Sector Reform Programme (APHSRP), which focuses on improving government efficiency in healthcare management. However, despite these advancements, there are still gaps that need to be addressed, and external assistance, particularly for tasks like impact evaluations, remains crucial. To shed light on the equitable standing of health sector reforms, this study examines the awareness levels of healthcare initiatives among underserved populations. It aims to gauge the effectiveness of current outreach efforts and identify areas for improvement. Underserved populations, including low-income communities, minority groups, and ruralresidents, often encounter barriers to accessing healthcare services due to socio-economic, geographical, and cultural factors. Addressing these disparities necessitates targeted initiatives and robust awareness campaigns. By better understanding the awareness levels of healthcare initiatives, policymakers can tailor interventions to bridge gaps and ensure equitable access to healthcare for all residents of Andhra Pradesh. Additionally, this research may provide valuable insights for other governments grappling with similar challenges, showcasing comprehensive and inventive approaches to healthcare reform.

Keywords: Healthcare Initiatives, Underserved populations, Andhra Pradesh, Awareness levels

1. Introduction

Numerous experts, including researchers, politicians, and practitioners, have noted a lack of information concerning innovations in both public and private health finance and delivery. This study aims to elucidate creative reforms within the health industry, shedding light on their objectives, challenges, andpotentials. Its goal is to initiate discourse regarding the awareness and utilization of services provided under Andhra Pradesh's health reforms among underserved populations. Health stands universally acknowledged as a fundamental human right and a pivotal societal objective, as underscored by the World Health Organization (WHO) in 1979. This perspective is rooted in the WHO's constitution drafted in 1946, which advocates for "Health for All" by 2000, emphasizing health as encompassing complete physical, mental, and social well-being. Despite various cultural interpretations of health, the WHO's definition from 1948, which perceives health as more than the mere absence of disease, prevails.

Tribal populations face countless health challenges, including high illness and mortality rates, poverty, illiteracy, malnutrition, and limited healthcare access. Justifying these challenges necessitates special attention to the health status and practices of tribal communities, particularly considering their poverty context. Alcohol misuse worsens these issues, leading to personal, social, and health adversities. The Rajiv Aarogyasri Health Insurance Scheme, spearheaded by the State Government, aims to provide quality healthcare to impoverished rural families. This initiative, executed under the guidance of the Chief Minister through the Aarogyasri Health Care Trust, addresses the need for medical assistance among families below the poverty line for major ailments, acknowledging deficiencies in government hospital infrastructure. Health protection initiatives offer financial security to households during health

crises, averting catastrophic out-of-pocket expenses and enabling healthcare access as a fundamental right. However, the financing of healthcare for those below the poverty line remains critical, especially for treating severe conditions like neurosurgical diseases, cancer, heart, and kidney failure, which often lead to crippling hospitalization costs. Between May 14, 2004, and June 26, 2007, the Chief Minister's Relief Fund disbursed Rs. 168.52 crores in 55,361 cases to cover hospitalization expenses for individuals stricken with such diseases, underscoring the pressing need for medical aid among economically disadvantaged families.

Health Initiatives in Andhra Pradesh

The YSR Aarogyasri Health Care Trust, named after former Andhra Pradesh Chief Minister Dr. Y.S. Rajasekhara Reddy, was initiated to provide comprehensive healthcare coverage to economically disadvantaged individuals. This government-backed health insurance scheme offers financial support for various medical treatments, including surgeries, therapies, and post-operative care, thus addressing hospitalization expenses and diagnostic tests. Eligible beneficiaries receive a health card enabling cashless treatment at designated hospitals across the state. Operated on a reimbursement basis, the trust settles treatment expenses directly with empanelled hospitals, easing financial burdens for recipients. Chaired by the Chief Minister and comprised of governmental officials and health sector representatives, the trust's board ensures effective governance and broadened healthcare access for marginalized communities. This initiative has significantly reduced the financial strain of medical costs, playing a vital role in ensuring equitable healthcare for vulnerable populations.

YSR Arogyasri Scheme

Under the YSR Aarogyasri scheme, eligible individuals receive a YSR Aarogyasri card, containing unique identification details and a photo, with relaxed annual income limits now up to Rs. 5 lakhs. These smart health cards feature QR codes, facilitating access to past health records through the Arogyasri APP. Over 1, 41, 54,228 new cards have been issued, benefiting 16,47,782 patients with Rs. 4999.66 crores utilized until December 2022. Possession of this card grants beneficiaries cashless access to various medical procedures and surgeries at designated hospitals, covering hospital stays, diagnostic tests, follow-up care, and post-operative support. The scheme bears the entire treatment cost, alleviating financial burdens on families. YSR Aarogyasri cardholders can avail healthcare services at government and private network hospitals across Andhra Pradesh. This initiative significantly enhances healthcare accessibility and relieves financial stress for the economically disadvantaged, ensuring timely and quality medical care, thus contributing to their overall well-being.

Under the Navaratnalu initiative executed through Aarogyasri, several key measures have been implemented:

i) Cashless health services are extended for treatments exceeding Rs. 1000, now encompassing 3255 procedures, as per G.O. Ms. No.289 HM&FW (1.1) dated 07.11.2022 .ii) YSR Aarogyasri Health cards are issued to eligible beneficiaries, with integration of health survey data into the Aarogyasri portal. iii)The scheme has expanded to include cities in other states, with 202 hospitals enlisted for 716 super specialty procedures, serving 24,161 patients since November 2019, totaling Rs. 181.42 Cr. iv) YSR Aarogya Aasara compensates wage loss during post-operation recovery, offering Rs. 225/day, up to Rs. 5000/month, disbursing Rs. 903.90 crores to 17, 06,023 patients from December 2019 to December 2022. v) 108 Ambulances provide emergency services, attending to 27,00,942 emergencies from July 2021 to December 2022. vi) 104 Mobile Medical Units operate as family physician units, serving 40 patients/day, conducting 14 lab tests, and providing 67 varieties of drugs, visiting Anganwadi schools and homes of bedridden and Aarogyasri patients. vii) Covid-19 coverage under Arogyasri offers cashless healthcare services to affected individuals. viii) Road accident victims' treatment is covered, providing cashless treatment in all empanelled hospitals under the Aarogyasri Scheme. ix) Andhra Pradesh Vaidya Vidhana Parishad, funded by the Government, manages secondary-level hospitals offering outpatient, inpatient, diagnostic, and laboratory services.

Hospitals Performance

The Year-wise comparison of hospital activities in four key indicators is shown in the following Table1.

Table 1. Indicators Performance of Hospital activities

S.No	Name of the developmentindicator	2018-19	2019-20	2020-21	2021-22	2022-Nov 22
1	Out Patients	23903222	24346056	13688784	18405676	15136566
2	In Patients	1895026	2019868	1420029	1843502	1470415
3	Major surgeries	91207	91038	76926	79150	65102
4	Deliveries	174748	167893	160045	160071	106604

Source: Socio-Economic Survey 2022-23

Advantages of the YSR Aarogyasri program: YSR Aarogyasri provides cashless treatment at designated hospitals, covering a wide range of medical procedures including surgeries, therapies, and diagnostic tests. It offers financial aid, extensive hospital network, coverage for pre-existing conditions, transparency, and conducts health camps for preventive healthcare.

Eligibility under the YSR Aarogyasri Health Care Trust: To qualify for the YSR Aarogyasri Health Care Trust program, applicants must be residents of Andhra Pradesh with a valid address and hold White Ration Cards. Eligibility extends to families with Vasathi Deevena Card, YSR Pension Kanuka Card, and Jagananna Vidya Card. Landowners with specified land sizes, households earning under Rs.5.00 Lakhs annually, non-permanent government employees earning within the income bracket, and those paying Municipal Property Tax for areas less than 3000 square feet are eligible. Additionally, families with only one personal car qualify for participation. These criteria ensure inclusivity and accessibility to healthcare services for eligible individuals and families.
Features of YSR health Scheme

The YSR Aarogyasri Scheme provides cashless treatment coverage of up to Rs.5 lakhs for the beneficiary and their registered family, eliminating upfront payments. It offers family floater advantage, inpatient/hospitalization coverage, outpatient treatment cover at health camps or empanelled hospitals, and includes pre-existing disease coverage. Additionally, it covers follow-up visits and procedures, along with monetary assistance for food and transportation expenses, ensuring comprehensive healthcare support.

2. Literature Review

Several studies have addressed healthcare issues and initiatives in India. Preeti & Adam (2022) analyzed the impact of the Rajiv Aarogyasri Scheme (RAS) in Andhra Pradesh, noting increased healthcare utilization at private hospitals despite a decrease in inflation-adjusted claim amounts. Biju et al. (2023) highlighted healthcare disparities among Indian tribes, emphasizing the need to address awareness, accessibility, and cultural barriers to improve indigenous health outcomes. Gupta (2007) discussed India's administrative system's inefficiencies in delivering health outcomes, advocating for better management practices. Nirupam Bajpai et al. (2008) detailed the RAS aimed at providing healthcare access to below poverty line families. Mohd. Akbar Ali Khan (2008) proposed Activity Based Costing for performance evaluation in medical institutions in Gujarat. Govinda Rao M and Mita Choudhary (January 2008) criticized India's low public healthcare expenditure. Ravi Mallipeddi and Sofi Bergkvist(2009) discussed health sector reforms in Andhra Pradesh with international support. Gosh, Meenakshi Datta (2010) emphasized health insurance's importance for effective healthcare delivery. Shreedevi, D.(2014) analyzed a health scheme for the underprivileged, stressing increased awareness, particularly among rural populations. Reddy, Sunita, and Immaculate Mary (2013) explored public-private partnerships in healthcare, including community health insurance for those below the poverty line.

The research problem focuses on assessing the level of awareness among underserved populations regarding existing healthcare initiatives. It aims to understand the factors influencing awareness levels, such as socioeconomic status, geography, culture, and access to information. Despite various healthcare programs, research lacks a comprehensive understanding of awareness levels among these communities. Addressing this gap is essential for developing targeted interventions to improve access and reduce health disparities, ultimately enhancing health outcomes.

3. Objectives:

a. To assess the level of awareness among underserved populations in Andhra Pradesh regarding existing healthcare initiatives, including government schemes and programs.
b. To identify the factors influencing the awareness levels of underserved populations regarding healthcare initiatives in Andhra Pradesh.
c. To examine the effectiveness of communication channels and dissemination methods used to promote healthcare initiatives among underserved populations.
d. To evaluate the impact of awareness levels on the utilization of healthcare services among underserved populations in Andhra Pradesh.
e. To explore the perceptions, attitudes, and barriers toward healthcare initiatives among underserved populations in Andhra Pradesh.
f. To provide recommendations for improving awareness strategies and increasing the uptake of healthcare

initiatives among underserved populations in Andhra Pradesh

Hypothesis

Null Hypothesis H01: There is no significant difference in awareness levels regarding healthcare initiatives among underserved populations across different regions of Andhra Pradesh.

Null Hypothesis (H02): There is no significant difference in awareness levels regarding healthcare initiatives between different demographic groups within the underserved populations in Andhra Pradesh.

Null Hypothesis (H03): There is no relationship between education level and awareness regarding healthcare initiatives among underserved populations in Andhra Pradesh.

Null Hypothesis (H04): There is no significant difference in opinion in getting monetary benefits and facing issues while using an Aarogyasri card by both males and Females

4. Research Methodology

Primary data was collected through closed structured questionnaires and interviews, while secondary data was gathered from various sources including articles, journals, government gazettes, reports, and websites. The research focused on regions including Nellore, Tirupati, Prakasam, Guntur, Anantapur, and Cuddapah districts, with 278 respondents selected through purposive and convenient sampling techniques. Data analysis was conducted using SPSS 20 software, utilizing parametric tests such as ANOVA and t-tests due to the population's heterogeneous nature.

5. Results and Discussion

H01: There is no significant difference in awareness levels regarding healthcare initiatives among underserved populations across different regions of Andhra Pradesh.

The analysis included responses from 279 individuals across various regions, with Kurnool accounting for 27 (9.6%), Nellore 66 (23.5%), Prakasam 26 (9.6%), Anantapur 35 (12.5%), Chittoor 50 (17.8%),
Kadapa 23 (8.2%), Nandyala 8 (2.8%), and Guntur 44 (15.7%). Out of these, 22 respondents from Kurnool demonstrated awareness of the Arogyasri scheme, while 5 were not informed. Similarly, awareness figures for Nellore, Prakasam, Anantapur, Chittoor, Kadapa, Nandyala, and Guntur stood at 26, 20, 24, 38, 21, 7, and 38 respectively, with corresponding numbers of individuals not aware. Upon conducting a one-way ANOVA test, it was revealed that a significant difference exists between the awareness of the scheme and the region of respondents, as indicated by an F value of 7.361 and a p- value less than 0.05. Conversely, regarding awareness of the mode of communication, the analysis concluded that there was no significant difference across different regions, with an F value of 1.428 and a p-value exceeding 0.05. Hence null hypothesis is accepted. This suggests that among the modes of communication, word of mouth regarding the scheme was notably prevalent in Nellore, Chittoor, and Guntur.

Table 2 Descriptive

		Kurnool	Nellore	Prakasam	Anantpur	Chittoor	Kadapa	Nandyala	Guntur
Aware	N	27	66	26	35	50	23	8	44
	Mean	1.19	1.61	1.23	1.31	1.24	1.09	1.13	1.14
	SD	0.396	0.492	0.430	0.471	0.431	0.288	0.354	0.347
Mode	Mean	1.78	1.56	2.08	2.20	1.88	2.26	1.75	2.09
	SD	1.188	1.204	1.197	1.302	1.239	1.356	0.868	1.582
Benefit	Mean	3.74	3.95	3.54	2.91	2.64	3.35	3.75	3.11
	SD	1.992	1.686	1.838	1.837	1.782	1.824	1.753	1.845

According to the descriptive statistics in Table 2 Mean of Kurnool, Nellore, Prakasam, Anantpur, Chittoor, Kadapa, Nandyala, and Guntur are 1.19, 1.61, 1.23, 1.31, 1.24, 1.09, 1.13 and 1.14 respectively and it was observed that the awareness level regarding health initiatives is more in Nellore. Regarding awareness of the mode of communication, Kadapa stands in the highest position (Fig.1). Nellore shows the highest regard for awareness of cashless health benefits (Fig 2).

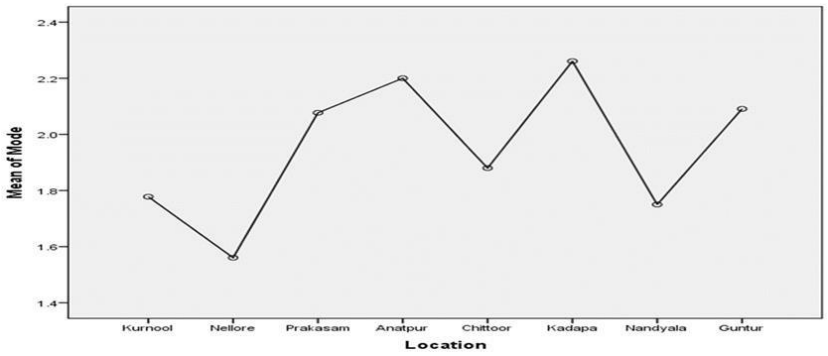

Fig 1: Mean of Mode

With regards to the awareness on the benefits of the Scheme, there was a significant difference betweenthe awareness on the benefits of the Scheme and respondents from different regions. The F value was 2.835 and p value is 0.007 which is less than 0.05. Among the respondents from different regions peoplefrom Nellore, Chittoor and Guntur were aware of the cashless treatment given by the Aarogya Sri Scheme (Fig2).

Fig 2: Mean of Benefit

H02: There is no significant difference in awareness levels regarding healthcare initiatives among different demographic groups within the underserved populations in Andhra Pradesh.
From Table 3, among 279 respondents, 154 were male, and 125 were female. The age distribution indicates 203 respondents aged 18-30 years, 34 aged 31-40 years, 28 aged 41-50 years, and 14 above 50 years old. In terms of education, 56 were illiterate, 19 had primary education, 103 were graduates, 78 post-graduates, and 22 had technical qualifications. Additionally, 72 were married, while the rest were not, with income brackets varying among respondents. Lastly, 87 belonged to OC, 64 to SC, 36 to ST, 76 to BC, and 16 to OBC categories.
A one-way ANOVA was conducted to assess the relationship between demographic variables and awareness of health initiatives. Significant differences were found in age groups concerning awarenessand benefits of the scheme, with F values of 2.82 and p-values < 0.05. Income showed no significant difference in benefits ($F = 2.191$, $p = 0.070$), but a significant difference in awareness ($F = 2.527$, $p = 0.041$). Marital status exhibited significant differences in both awareness and benefits ($F = 14.210$ for benefits, $F = 32.137$ for awareness, $p < 0.05$). For community categories, while no significant differencewas observed in benefits, awareness of health initiatives varied significantly ($F = 1.775$ for benefits, F

= 8.387 for awareness, $p = 0.134$ for benefits, $p < 0.001$ for awareness). T-tests between genders showedno significant difference in awareness ($p = 0.272$ for benefits, $p = 0.534$ for awareness). Hence, the nullhypothesis is accepted.

Table 3. Demographic Profile

Variables	Parameters	Frequency	Percentage
Gender	Male	154	55.2
	Female	125	44.8
	Total	279	100
Age (years)	18-30	203	72.2
	31-40	34	11.7
	41-50	28	10.0
	Above 50	14	5.0
	Total	279	98.9
Qualification	Illiterate	56	19.9
	Primary	19	6.8
	Degree	103	36.7
	PG	78	27.8
	Technical	22	7.8
	Total	279	99.3
MaritalStatus	Married	72	25.6
	Unmarried	177	63.0
	Others	30	10.7
	Total	279	99.3
Income	5 lakhs	23	8.2
	4 lakhs	17	6.0
	2 lakhs	40	14.2
	Below 2 lakhs	198	70.5
	Total	279	99.3
Community	OC	87	31.0
	SC	64	22.8
	ST	36	12.5
	BC	76	27.0
	OBC	16	5.7
	Total	279	98.9

Source: Self Report

(H3): There is no relationship between education level and awareness regarding healthcare initiatives among underserved populations in Andhra Pradesh.

A chi-square test was conducted to identify the relationship between educational qualifications with awareness of Dr YSR Aarogyasri's health schemes. It was interpreted that there was a significant difference in the association between education and awareness, education and health benefits as the p- value is less than 0.05 as the p-value is 0.00 and the chi-square test value is 71.673 for benefits and58.837 for awareness of health scheme (Fig 4 &5). Hence Null hypothesis is rejected.

(H04): There is no significant difference in opinion in getting monetary benefits and facing issues while using an Aarogyasri card by both males and Females.

A T-test revealed no significant difference in opinions on receiving financial benefits and facing issueswhile using the Aarogyasri card ($p > 0.05$), thus accepting the null hypothesis. The majority of respondents, regardless of gender, did not pay while receiving treatment via the Aarogyasri card. Specifically, 34 received full payment, 57 partial payment, 61 no payment, and 117 did not utilize the card. Regarding issues encountered, 87 chose not to respond, 102 reported no issues, and 90 faced someproblems.

Findings:
The findings of the study on the Dr YSR Aarogyasri health scheme indicate widespread awareness among respondents, primarily acquired through guidance from healthcare workers. While many expressed satisfaction with the comprehensive treatment received, others encountered difficulties with the card's utilization, citing delays in treatment initiation until government fund sanctioning. Despite awareness of services offered by emergency medical services like 108 and 104, concerns were raised about efficiency during emergencies due to delays in fund sanctioning. The expansion of procedures under the scheme has notably benefited lower socioeconomic backgrounds. Income levels significantlyinfluenced hospital selection, and various channels such as television, friends, and medical camps motivated beneficiaries to seek treatment at network hospitals. Age and education emerged as critical factors affecting beneficiary satisfaction and comfort levels with the scheme's facilities. However, hospitals' inconsistent provision of food and limited resources underscore the need for improvement in service delivery. Notably, network hospitals viewed cashless treatment as pivotal to the program's success. Recommendations include the addition of procedures like total hip replacement surgery and improvement in service aspects to enhance the scheme's effectiveness and beneficiary satisfaction.

Suggestions
The government must conduct regular inspections of network hospitals to ensure proper scheme implementation. Increasing engagement of social welfare workers in rural areas and organizing frequentmedical camps would enhance awareness. Ensuring experienced doctors are available in network hospitals can prevent post-operative complications. Categorizing diseases for appropriate doctor allocation would optimize treatment. Expanding ambulance services to rural areas improves medical facility accessibility. Addressing inadequate bed facilities by expanding coordination with more hospitals and increasing bed capacities is crucial. Timely fund disbursement to hospitals encourages participation and prevents claim settlement delays. Operational efficiency of network hospitals must beensured to serve marginalized communities. Strict monitoring of private hospitals is necessary to ensure medication provision upon discharge. Healthcare staff, especially doctors, should be motivated to servethe underprivileged with dedication. These measures collectively strengthen the effectiveness of the DrYSR Aarogyasri health scheme, benefiting underserved populations.

6. Conclusion

The government's efforts to bolster health institutions aim to provide basic healthcare services, yet the lack of specialist doctors and essential treatment equipment in government hospitals exacerbates the gap between disease burden and capacity. Private sector facilities, catering mainly to the affluent, remain inaccessible to rural needy families, pushing underprivileged patients into debt when seeking treatment. Critics note the Aarogyasri scheme's tertiary healthcare focus, side lining primary healthcare delivery concerns. Despite this, the scheme, driven by insurance companies and involving government and private hospitals, lays groundwork for genuine health insurance. It serves as a lifeline for families below the poverty line, lacking access to treatment, emphasizing the need for expanded scope and enhanced healthcare delivery. Without comprehensive healthcare, societal and social well-being suffer,affecting economic and social development. YSR Aarogyasri is pivotal in ensuring universal healthcare access, promoting health equity, and safeguarding individuals' and families' health and financial security in Andhra Pradesh. Effective advertising and awareness campaigns are vital to maximize scheme benefits for underserved communities. Limitations of the present study are a short study period, limited sample size, and hospital-based sample. Future research could focus on assessing the long-term sustainability and scalability of the YSR Aarogyasri scheme, evaluating its impact on health outcomes and financial security among underserved populations, and exploring innovative strategies to further enhance healthcare access and equity in Andhra Pradesh.

Real Case Studies

- S.Gurunadan, a 44-year-old working in the School of Commerce and Management office attendant, acknowledges the benefits of the 104 ambulance service, particularly for providing free medication for his diabetes. However, when faced with a medical emergency requiring major surgery for a stomach ailment, he opted not to utilize the Aarogyasri scheme. He believed that private hospitals offer more immediate services compared to hospitals affiliated with Aarogyasri, which are bound by a lengthier process. (Ph No. 9440409092, Aadhar card No: 949594160949)
- Gollapalli. Vasundhara, a first-semester MBA student at Mohan Babu University, Tirupati, recounts her father's experience of undergoing a kidney transplant operation at Narayana Hrudayalayam, Bangalore. Despite applying for Aarogyasri coverage for the procedure, which amounted to 4 lakhs, their request was denied. Consequently, they had to bear all expenses, andthe hospital authorities refused to accept the Aarogyasri recommendation letter, insisting on a cheque instead. Vasundhara suggests that the government should issue cheques to address such

issues. (Ph No. 7989589949, Aadhaar Card No:546415881381)

- Ikpalli Chengal Rayudu an attender working in the Department of Liberal Arts and Science shares an experience involving his neighbour, who sustained serious injuries in an accident while cutting wood. Despite possessing an Aarogyasri card, the hospital where he was taken for treatment insisted on waiting for 24 hours until online sanctioning of funds. Chengal Rayudu suggests that hospitals under the Aarogyasri scheme should expedite the process for emergency cases instead of waiting for online fund approval. He observes that many individuals with minor ailments opt for nearby non-affiliated hospitals due to concerns about delayed fund sanctioning. (Ph No.9966287972, Aadhar Card No:303648289447)
- Ketineni Ravishankar Naidu, aged 45 and hailing from Rayachoti, underwent bypass surgery at Bollineni Super Specialty Hospital in Nellore, now known as KIMS Hospital, in 2021. While half of the treatment cost was covered by government sanction under the Aarogyasri scheme, the remaining half was personally paid by the patient. Sofar, the patient has not encountered any health issues post-surgery and expresses satisfaction with the treatment received from both doctors and the hospital through the Aarogyasri scheme.(Ph No: 9849892962, Aadhaar Card No:303363832822)
- Mooga Balaji is studying in 8th class. His father's name is Mooga Ramesh. He is from Macharlavaripalem, Thotapalli gudem, from Nellore rural. The boy has injured his hand during last Dasara holidays and was admitted to Konasam Bhaskar Clinic which is under the network of Aarogyasri scheme. He lost the finger of his hand. He got treatment from the hospital and got full payment for his treatment of Rs.10,000. (Ph No: 8978747928 Aadhaar Card No: 849448628323)

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