

Application for Change of Ration Shop or Kerosene Oil Shop of Part Family
পরিবারের কিছু সদস্যের রেশন শ বা কেরোসিন শপ পরিবর্তনের জন্য আবেদন
(* marked fields are compulsory)

Form 13

Section A: Existing Card type and number of the Head of Family (HOF)/ Any other member

Name*																				
Ration Card Type*	AAY		PHH		SPHH		RKSY-I		RKSY-II		GEN									
Ration Card Number*																				

Section B: Contact Details*

Primary Mobile Number(For communication)*																				
Secondary Mobile Number																				
Whatsapp Number																				
Email ID																				
If you don't want us to send e-bill and other important messages, tick the box																				

Section C: Details of all Members applying for shifting

Name of Member 1 (Head of Family)*																				
Digital Ration Card No.*																				
Card Category*	AAY		PHH		SPHH		RKSY-I		RKSY-II		GEN									
Aadhaar number* (attach copy)																				
Whether Person with Disability (PWD)	Yes									No										
Name of Member 2																				
Digital Ration Card No.*																				
Card Category*	AAY		PHH		SPHH		RKSY-I		RKSY-II		GEN									
Aadhaar number* (attach copy)																				
Whether Person with Disability (PWD)	Yes									No										
Name of Member 3																				
Digital Ration Card No.*																				
Card Category*	AAY		PHH		SPHH		RKSY-I		RKSY-II		GEN									
Aadhaar number* (attach copy)																				
Whether Person with Disability (PWD)	Yes									No										
Name of Member 4																				
Digital Ration Card No.*																				
Card Category*	AAY		PHH		SPHH		RKSY-I		RKSY-II		GEN									
Aadhaar number* (attach copy)																				
Whether Person with Disability (PWD)	Yes									No										

