



## COMMON APPLICATION FORM RURAL

**Food & Supplies Department Government of West Bengal**

I. Application For		√	Fill part
Old Form 3:	Inclusion of Full Family under NFSA/RKSY	<input type="checkbox"/>	A, B, C
Old Form 4:	Inclusion of left out Family members under NFSA/RKSY/ GEN	<input type="checkbox"/>	A, B, E
Old Form 5:	Rectification of spelling mistake in name / age/ address in existing Digital ration card	<input type="checkbox"/>	A
Old Form 6 / 13 /14:	Change of FPS due to shifting of full family / partial family/ Individual due to Marriage/ Divorce/ others	<input type="checkbox"/>	A, B, C, D, E
Old Form 7:	Application form for surrendering Digital Ration Card due to Death / Migration / Voluntarily	<input type="checkbox"/>	A, D
Old Form 8:	Application form for conversion of another category of DRC to RKSY I	<input type="checkbox"/>	A, B
Old Form 10:	Application form for Non-Subsidized Ration Card. (Subsidized Food Grain Not Required)	<input type="checkbox"/>	A, B, C

### A. Applicant Details ( Name, Age & DOB of applicant should be mentioned as in Aadhar / Birth Certificate)

<b>Name of the 1st Applicant</b>											
Name of father/ mother/spouse											
Relation						Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law					
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O			Mobile No.								
Date of Birth				Aadhar No							
Category If Applicable Person with Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)				Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.		In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO					
Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSY I <input type="checkbox"/> RKSY II <input type="checkbox"/> Old Paper Ration Card											
<b>Name of the 2<sup>nd</sup> Applicant</b>											
Name of father/ mother/spouse											
Relation						Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law					
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O			Mobile No.								
Date of Birth				Aadhar No							
Category If Applicable Person with Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)				Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.		In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO					
Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSY I <input type="checkbox"/> RKSY II <input type="checkbox"/> Old Paper Ration Card											
<b>Name of the 3<sup>rd</sup> Applicant</b>											
Name of father/ mother/spouse											
Relation						Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law					
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O			Mobile No.								
Date of Birth				Aadhar No							
Category If Applicable Person with Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)				Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.		In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO					
Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSY I <input type="checkbox"/> RKSY II <input type="checkbox"/> Old Paper Ration Card											
<b>Name of the 4<sup>th</sup> Applicant</b>											
Name of father/ mother/spouse											
Relation						Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law					
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O			Mobile No.								
Date of Birth				Aadhar No							
Category If Applicable Person With Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)				Caste <input type="checkbox"/> SC, <input type="checkbox"/> ST, <input type="checkbox"/> Others.		In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO					
Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSY I <input type="checkbox"/> RKSY II <input type="checkbox"/> Old Paper Ration Card											

### B - Address of the Applicants -To be Filled For Old Form 3,4,6,8,10 & 13

Sub-Division				Post Office			
Block/Municipality/Muni.Corp				District			
Gram Panchayat/Locality							
Village/Street				Pin Code			

