## Application for Identity Purpose Ration Card/Conversion from NFSA/RKSY to identity purpose card

Form 10

## ভর্তুকি বিহীন (পরিচয় হেতু) রেশন কার্ডের আবেদন অথবা NFSA/RKSY তেকে ভর্তুকি বিহীন (পরিচয় হেতু) রেশন কার্ড পরিবর্তনের আবেদন

	(*marked fields are compulsory)																				
	Section A: Address and Contact Details*																				
District'	*			T																	
Sub-div	ision*																				
Block/Municipality/ Municipal Corporation*																					
Gram Panchayat/ Locality *																					
Village/Road/ Street *																					
Post Office*																					
Pin Cod	le*																				
Police S	tation																				
Primary	Primary Mobile No* (for getting SMS from F&S Deptt.)																				
Alternat	Alternate mobile/ whatsapp no.																				
email id (if any)																					
If you d	on't want	us to se	nd e-k	oill an	d oth	er in	npor	tant	mess	ages,	tick	the k	ox								

## **Section B: Applicant Details\***

[ ] Please check this box if you or your family does not have any existing Ration Card or has never held a Ration Card. You need not enter the details of Ration Cards in the table below.

Name*1																	
Date of Birth*	D	D	M	M	Y	Y	Y	Y	Mal	e		Fem	Female		Others		
Father's/Mother's/Spouse'	s Name	1															<u> </u>
Aadhaar Card Number*													Γ				
<b>EPIC Number</b>																	
Ration Card number*																	
Digital Ration Card Type*					Y		PHI	H		SPHH			RKSY-I		RKSY-II		-II
Paper Ration Card Type (Please Tick[√] in bo	AAY			BPI			API			Have no ration card at all							
Whether person with Disab			•		Yes	s			No								
Name*2																	
Relationship with the Head	of Fan	nily*															
Date of Birth*	D	D	M	M	Y	Y	Y	Y	Male			Female			Others		
Father's/Mother's/Spouse'	s Name	-1															
Aadhaar Card Number*																	
EPIC Number																	
Ration Card number*		-															
Digital Ration Card Type*					Y		PHI	H		SPHH			RKSY-I		RKSY-II		-II
Paper Ration Card Type				AA	AAY			BPL		APL		Have no		no ra	ration card		
Whether person with Disab					Yes	Yes			No								

Nama*2	I	1			Т		1	Τ	Т									
Name*3		1			+				+									
Relationship with the H	ead .	of For	 milv*	<u> </u> ;					+			-	_					
Date of Birth*	М	V	V	V	V	Ma	le	Fen	nale		Others							
Father's/Mother's/Spouse's Name					141 1			1	1714		1 10		$\dashv$			-		
Aadhaar Card Number				T -	Т	<u>_</u>												
EPIC Number		Τ			Τ				+									
Ration Card number*					+													
Digital Ration Card Ty	AAY			PHH			SPHH		RKSY	Y-I	RKSY-I		-II					
Paper Ration Card Typ				AA	Y		BP	L		APL		Have	no r	ration card				
Whether person with D	isabi	ility (1	PWD	)					Yes	5	No							
Name*4																		
Relationship with the H	ead	of Fa	mily*															
Date of Birth*	D	D	M	MY		Y	Y	Y	Ma	le	Fen	Female		Others		لبــــا		
Father's/Mother's/Spou		Nam	e								<u> </u>							
Aadhaar Card Number				_	1													
EPIC Number					1			-										
Ration Card number*		<b>T</b> 7		DI			CDITI		DIZCI			DIZC	X7 TT					
Digital Ration Card Ty				AA			PHH			SPHH		RKSY-I		RKSY-II				
Paper Ration Card Typ	AA	Y		BPL			APL		Have no ratio		atioi	n car	d					
Whether person with D	)					Yes	<u> </u> 		No									
	ladaa	Lagra	ree that the application may be rejected, or the Ratio															
Card if issued, may be cancelle						-		_	_					-				
taken against me for furnishin		-										_		_		-		
Date:									Signa	ature /L]	ΓI of t	he app	lican	ıt				
Check list of Documents to	. ho s	attach.	-d.															
Copy of Aadhaar Cards of all applicants  Copy of existing Digital Ration Cards of all applicants in case of conversion from subsidised to non-subsidised ration cards																		
_ , ,				<u> </u>													5	
If age of any new applican		ess tna	ın 5, t	nen <i>F</i>	Aaana	iar is n	iot m	anda	ory. II	i that case	e copy	DITTH CE	ertitic	ate o	T SUCT	1		
applicant is to be submitte					<u> </u>	/	DI 6 / D		. /5		l :I - D:	11 /1 11	. 5	<u> </u>	D:II / E		••	
Address proof of any of th				•	Aadn	iaar/Ei	PIC/P	asspo	ort/Pos	stpaid ivio	pile Ri	ii/iandi	ine Pi	none	BIII/E	lectric	ity	
Bill/Bank account stateme																		
Address in the document	shoul	d be c	learly	legik	ole.													

\_\_\_\_Receipt\_\_\_\_\_

\_\_ for Form \_\_\_

Signature and seal

Received Application vide Barcode Number\_\_\_\_\_

Date.....