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	: Ex	cistir	ıg Ca	rd tyj	e an	d nur	nber o	f the	Head	d of I	Fami	ly (E	IOF)/ An	y otl	ier i	mem	ber		
Name*																				
Ration Card Type* AAY PHF								SPHH RKS			RKS	Y-I RKSY-II			Y-II	GEN				
Ration Card N	umb	er*																		
						Sectio	on B:	Cont	act I	Detai	ils*									
Primary Mob		umb	er(Fo	r																
communication		N T											+							
Secondary Mobile Number															+					
Whatsapp Number								1	4		\perp		1	_						
Email ID																				
If you don't w	vant	us to	send	e-bill	and o	ther i	nporta	nt me	essage	es, tic	k the	box								
Section C: Details of all Members applying for shifting																				
Name of Men																				
(Head of Fam	ily)*																			
Digital Ration	ı Caı	rd N	0.*																	
Card Categor	·y*	A	AY		I	PHH		SPHE	RKSY			I RK		RKS	SY-II			GEN		
Aadhaar num	Aadhaar number* (attach copy)																			
Whether Pers	on w	vith l	Disabi	lity (P	WD)							Yes	Yes				No			
Name of Men	ıber	2																		
Digital Ration	ı Caı	rd N	0.*																	
Card Categor	·y*	A	AY		I	РНН		SPHF	[RI	KSY-	Ī		RKS	Y-II			GEN		
Aadhaar nun	ıber*	(att	tach co	opy)																
Whether Pers	on w	vith I	Disabi	lity (P	WD)		· · · · · ·					Yes				No				
Name of Men	ıber	3																		
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Digital Ration	ı Caı	rd N	0.*		+															
Card Categor	·y*	A	AY		I	PHH		SPHE	[RI	KSY-	I		RKS	Y-II	+		GEN		
Aadhaar nun				opy)																
Whether Person with Disability (PWD)											Yes		No							
Name of Member 4																	+			
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Digital Ration	ı Caı	rd N	0.*		+					-							\dashv		+-	
Card Categor					SPHE	[RI	RKSY-I Rk			RKS	Y-II GEN								
Aadhaar nun				opy)			'								Ī	\top				
Whether Pers	Whether Person with Disability (PWD)											Yes	S			No				

			Section	n D. I	Page	on fo	r Shi	fting							
Section D: Reason for Shifting 1. Address change of few Members of the Family (New Address proof to be attached)															
,	2. Division of the Family (Declaration mandatory with signature of applicant)														
3. Other reason	(Declarat														
Section E: Update Address details															
District*															
Sub-division*															
Block/Municipality/ Mu Corporation*															
Gram Panchayat/ Ward															
Village/Road/ Street *														_	
									Pin	 Code*					+
Post Office*															
Police Station															
		Sect	ion F: I	Josiro	d EDG	S/IX (ો! Sh	on Da	ataile						
Name of the Desired					QI III	5/ IX. (υρ Δ ι							
FPS*															
FPS Code															
Name of desired															
Kerosene Shop Code													-		
[] I agree tha application may be furnished here is for me for furnishing application or at la	oe rejecto found to g wrong	ed, or th be false. informa	e Ratio I also a	n Cai cknov	rd if vledg	issue e tha	ed, ma t othe	ay be er lega	can al act	celled tion m	if an	y inf take	orma n aga	tion inst	
Date: Signature /LTI of the applicant															
Checklist of documents															
	Copy of DRC of the members wanting to split from the Family														
Address proof of any of the applicants (Copy of Aadhaar/EPIC/Passport/Postpaid Mobile Bill/landline Phone Bill/Electricity Bill/Bank account statement/Driving Licence).															
Address in the document should be clearly legible.															
Any other document in support of the application (Not Mandatory)															
Date		Office Us	e							Sig	natur	e and	l seal		