Application of an Individual for shifting to a New Family

(নতুন পরিবারে স্থানান্তরিত করার জন্য কোনও ব্যক্তির আবেদন) (* marked fields are Compulsory)

| Section A: Existing Card type and number of the person shifting into new Family | |
|---|--------|
| N* | |
| Name* | |
| | |
| Ration Card Type* AAY PHH SPHH RKSY-I RKSY-II G | GEN |
| Ration Card Type* AAY PHH SPHH RKSY-I RKSY-II G | JEIN |
| Ration Card Number* | |
| Relation with the member whose | |
| details given below | |
| Relation with HOF of new Family | |
| <u> </u> | |
| | |
| Section B: Existing Card type and number of the Head of Family / Any other member of the | family |
| where Applicant wants to shift | laminy |
| Name* | |
| | |
| | |
| Ration Card Type* AAY PHH SPHH RKSY-I RKSY-II GEN | |
| | |
| Ration Card Number* | |
| | |
| Section C: Reason for shifting to a New Family) | |
| 1.Marriage (Proof of Marriage & document/s establishing relationship with the family to be attached) | |
| 2.Divorce /Separation (Proof of Divorce to be attached) | |
| 3. Other reason (Declaration with signature of the member of the new family needed) | |
| of other reason (Bectaration with signature of the member of the new laminy needed)_ | |
| | |
| Section D: Contact details of the family* (to which the applicant is shifting) | |
| Section D: Contact details of the family* (to which the applicant is shifting) Primary Mobile Number (For communication)* | |
| Primary Mobile Number(For communication)* | |
| Primary Mobile Number(For communication)* Secondary Mobile Number | |
| Primary Mobile Number(For communication)* Secondary Mobile Number Whatsapp Number | |
| Primary Mobile Number(For communication)* Secondary Mobile Number | |
| Primary Mobile Number(For communication)* Secondary Mobile Number Whatsapp Number | |
| 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 | |
| Primary Mobile Number(For communication)* Secondary Mobile Number Whatsapp Number Email ID | |
| 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 E: Aadhaar Details of all existing DRC holders of the New family* | |
| 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 E: Aadhaar Details of all existing DRC holders of the New family* Name of Member 1 | |
| 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 E: Aadhaar Details of all existing DRC holders of the New family* | |
| 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 E: Aadhaar Details of all existing DRC holders of the New family* Name of Member 1 | |
| 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 E: Aadhaar Details of all existing DRC holders of the New family* Name of Member 1 (Head of Family)* Digital Ration Card No.* | GEN |
| 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 E: Aadhaar Details of all existing DRC holders of the New family* Name of Member 1 (Head of Family)* Digital Ration Card No.* Card Category* AAY PHH SPHH RKSY-I RKSY-II | GEN |
| 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 E: Aadhaar Details of all existing DRC holders of the New family* Name of Member 1 (Head of Family)* Digital Ration Card No.* Card Category* AAY PHH SPHH RKSY-I RKSY-II Aadhaar number* (attach copy) | |
| 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 E: Aadhaar Details of all existing DRC holders of the New family* Name of Member 1 (Head of Family)* Digital Ration Card No.* Card Category* AAY PHH SPHH RKSY-I Aadhaar number* (attach copy) Whether Person with Disability (PWD) | |
| 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 E: Aadhaar Details of all existing DRC holders of the New family* Name of Member 1 (Head of Family)* Digital Ration Card No.* Card Category* AAY PHH SPHH RKSY-I RKSY-II Aadhaar number* (attach copy) | |
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| 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 E: Aadhaar Details of all existing DRC holders of the New family* Name of Member 1 (Head of Family)* Digital Ration Card No.* Card Category* AAY PHH SPHH RKSY-I RKSY-II Aadhaar number* (attach copy) Whether Person with Disability (PWD) Yes No. Name of Member 2 Digital Ration Card No.* | 0 |

| ame of Member 3 | | | | | | | | | | | | | | |
|---|--|---------------------|-------------------|----------------|-------------------|-------|--------------|------------------|------------------|--------------|-------|-----------------|------------------|--------------|
| igital Ration Card No.* | * | | | | | | | | | - | | | | |
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| ndhaar number* (attac | | | | | | | | | | | | | | |
| hether Person with Dis | sability (PV | VD) | | | | | | 7 | es | | | No | | _ |
| nme of Member 4 | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | |
| gital Ration Card No.* | | | | C.T. | SPHH | | RKSY-I | | | | | | | |
| | l Category* AAY haar number* (attach copy) | | РНН | | | - | | | | RKSY-II | | | GI | |
| hether Person with Dis | | VD) | | | | | | | Zes | | | No | | |
| nether rerson with Dis | Sability (1 v | | ction F | · Ad | dress | det | ails | | CS | | | 110 | | |
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| strict* | | | | | | | | | | | | | | \downarrow |
| o-division* | | | | | | | | | | | | | | |
| ck/Municipality/ Munic rporation* | ipal | | | | | | | | | | | | | Ī |
| am Panchayat/ Ward No | 0* | | | | | | | | | | | | | + |
| lage/Road/ Street * | | | | | | | | | | | | | | † |
| | | | | | | | | | | | | | | † |
| | | | | | | | | Pin C | Code* | | | | | † |
| st Office* | | | | | | | | | | | | | | † |
| ice Station | | | | | | | | | | | | | | † |
| [] I agree tha application may be furnished here is f me for furnishing application or at la | oe rejected, found to be g wrong ir | or the l | Ration Iso ack | Card nowled | if issu lge th | ed, i | may her l | be ca legal a | ncello ection | ed if may | any i | infori ken a | nation gainst | ı t |
| Date: | | Signature /LTI of t | | | | | | | | appli | cant | | | |
| Check List | | | | | | | | | | | | | | _ |
| Copy of DRC of the person wanti | ng to shift to anoth | er Family | | | | | | | | | | | | _ |
| Copy of DRC of any member of th | | | to shift | | | | | | | | | | | _ |
| | | | | tion with th | ne new fan | nilv | | | | | | | | _ |
| Proof of marriage / Divorce/Sepa | ration or any other | document esta | blishing rela | tion with th | ne new fan | nily | | | | | | | | _ |
| | For Of | fice Use_ | | | | | | | | - | | | | |
| Date | | | | | | | | | | | | ınd se | _ | |