



|   |  |     |  |     |  |      |  |        |  |         |  |     |     |  |  |    |  |  |  |  |  |  |  |  |
|---|--|-----|--|-----|--|------|--|--------|--|---------|--|-----|-----|--|--|----|--|--|--|--|--|--|--|--|
| <b>Name of Member 3</b>                     |  |     |  |     |  |      |  |        |  |         |  |     |     |  |  |    |  |  |  |  |  |  |  |  |
| <b>Digital Ration Card No.*</b>             |  |     |  |     |  |      |  |        |  |         |  |     |     |  |  |    |  |  |  |  |  |  |  |  |
| <b>Card Category*</b>                       |  | AAY |  | PHH |  | SPHH |  | RKSY-I |  | RKSY-II |  | GEN |     |  |  |    |  |  |  |  |  |  |  |  |
| <b>Aadhaar number* (attach copy)</b>        |  |     |  |     |  |      |  |        |  |         |  |     |     |  |  |    |  |  |  |  |  |  |  |  |
| <b>Whether Person with Disability (PWD)</b> |  |     |  |     |  |      |  |        |  |         |  |     | Yes |  |  | No |  |  |  |  |  |  |  |  |
| <b>Name of Member 4</b>                     |  |     |  |     |  |      |  |        |  |         |  |     |     |  |  |    |  |  |  |  |  |  |  |  |
| <b>Digital Ration Card No.*</b>             |  |     |  |     |  |      |  |        |  |         |  |     |     |  |  |    |  |  |  |  |  |  |  |  |
| <b>Card Category*</b>                       |  | AAY |  | PHH |  | SPHH |  | RKSY-I |  | RKSY-II |  | GEN |     |  |  |    |  |  |  |  |  |  |  |  |
| <b>Aadhaar number* (attach copy)</b>        |  |     |  |     |  |      |  |        |  |         |  |     |     |  |  |    |  |  |  |  |  |  |  |  |
| <b>Whether Person with Disability (PWD)</b> |  |     |  |     |  |      |  |        |  |         |  |     | Yes |  |  | No |  |  |  |  |  |  |  |  |

**Section F : Address details**

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>District*</b>                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Sub-division*</b>                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Block/Municipality/ Municipal Corporation*</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Gram Panchayat/ Ward No*</b>                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Village/Road/ Street *</b>                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Post Office*</b>                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Police Station</b>                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Pin Code\*

[ ] I agree that all inputs given above are true to the best of my knowledge. I agree that the application may be rejected, or the Ration Card if issued, may be cancelled if any information furnished here is found to be false. I also acknowledge that other legal action may be taken against me for furnishing wrong information, hiding any relevant information, either at the time of application or at later stage.

Date:

Signature /LTI of the applicant

|   |
|---|
| Check List  |
| Copy of DRC of the person wanting to shift to another Family  |
| Copy of DRC of any member of the Family where applicant is trying to shift                            |
| Proof of marriage /Divorce/Separation or any other document establishing relation with the new family |

\_\_\_\_\_ **For Office Use** \_\_\_\_\_

Date.....

Signature and seal