



I/We also certify that the following person/s have consented to act as my representative and draw entitlements on my behalf authenticating his/her Aadhaar:

| <b>Section D: Details of Aadhaar linked Representatives from same FPS - Maximum 2 *(Mandatory)</b> |     |     |      |        |        |     |  |  |  |  |  |  |
|--|-----|-----|------|--------|--------|-----|--|--|--|--|--|--|
| <b>Name of Representative 1</b>  |     |     |      |        |        |     |  |  |  |  |  |  |
| Digital Ration Card No.*   |     |     |      |        |        |     |  |  |  |  |  |  |
| Card Category*   | AAY | PHH | SPHH | RKSY 1 | RKSY 2 | GEN |  |  |  |  |  |  |
| Aadhaar number* (attach copy)  |     |     |      |        |        |     |  |  |  |  |  |  |
| Mobile Number of the representative  |     |     |      |        |        |     |  |  |  |  |  |  |
| Aadhaar linked Mobile number if available  |     |     |      |        |        |     |  |  |  |  |  |  |
| <b>Name of Representative 2</b>  |     |     |      |        |        |     |  |  |  |  |  |  |
| Digital Ration Card No.*   |     |     |      |        |        |     |  |  |  |  |  |  |
| Card Category*   | AAY | PHH | SPHH | RKSY 1 | RKSY 2 | GEN |  |  |  |  |  |  |
| Aadhaar number* (attach copy)  |     |     |      |        |        |     |  |  |  |  |  |  |
| Mobile Number of the representative  |     |     |      |        |        |     |  |  |  |  |  |  |
| Aadhaar linked Mobile number if available  |     |     |      |        |        |     |  |  |  |  |  |  |

I declare that all inputs given above are true to the best of my knowledge. I agree that the application may be rejected 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 or hiding any relevant information, either at the time of application or at later stage. I also understand that this is a purely temporary relaxation and I need to apply for Aadhaar of all my family members immediately to continue lifting food grains.

Date:

Signature /LTI of the applicant

|   |
|---|
| Checklist of documents                              |
| Copy of DRC of any member of the Applicant's family |
| Copy of Aadhaar of the Representative/s             |
| Copy of DRC of the Representative/s                 |

**Declaration/Consent of the Representative/s**

I/We holding the above-mentioned DRCs, declare that I/We have consented to act as representative and draw entitlements of the above detailed family on their behalf through my/our Aadhaar Number

Signature/LTI of the Representative 1

Signature/LTI of the Representative 2

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Date.....

Signature and Seal