Application for correction(s) in Digital Ration Card (নাম , ঠিকানা,বয়স ইত্যাদি সংশোধনের আবেদন

(Please use this form to make necessary changes in your existing Digital Ration Cards)

(* marked field are compulsory)

Section A	: E	xist	ing(Card	Ltyp	e an	d nı	ımb	er of	the	Hea	id of	Fan	nily (HoF)	/An	y oth	er m	emb	er	
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District*																					
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Block/Municipa	ality	/ Mu	ınicij	pal																	
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Gram Panchay	at/ V	Vard	l No	k																	
Village/Road/ S	Stree	t *																			
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Post Office*			\perp																		
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Father's/Husbar	nd																				
Name*			İ																		
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E: Aadhaar Details (of all exist	ting D	RC hol	ders	of th	e far	nily [*]	' (Form wi	ll not	acce	pted if Aad	haar	numb	er is	not g	given)	
Name of Member 1																	
(Head of Family)*																	
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Card Category*	AAY		PHH		SPF	ΉΗ		RKSY-I			RKSY-I	ĺ		GE	N		
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[] I agree that all inputs g may be cancelled if any inf furnishing wrong informatio 4Date:	ormation fur	rnished	here is fo	und to	be fa	lse. I	also a	cknowledge	that o	other l	legal action n	nay bo	e taker	n agai	nst m		
Checklist of docum																\neg	
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Copy of Identity p							<u> </u>	ed (Aadhaa	r/FDI	C/Dri	ving licence	/Dacc	nort /	Govt	I4	\dashv	
with photograph/				ctalis	are to	של ננ	711 CCU	cu (Adulida	II / EFT	C/DII	villg licelice	, r ass	μοιτή	GOVE	iu		
Address proof of a	ny of the ar	oplican	ts if addr	ess is	to be	corre	cted (Copy of Aa	dhaar	/EPIC	:/Passport/F	ostp	aid Mo	obile			
Bill/landline Phone	e Bill/Electr	icity Bil	II/Bank a	ccoun	t state	ement	:/Driv	ing Licence)								
Address in the doc	ument shou	uld be o	clearly leg	gible.													
					Reco	eipt											

Received Application vide Barcode Number_______ for Form _____

Date.....

Signature and seal