## Application for DRC of Family in Urban area if no member has DRC (পৌর এলাকার কোনও পরিবারের **একটিও** সদস্যের DRC না থাকলে DRC-র জন্য আবেদন)

Form 3U

(\*) marked fields are mandatory

Auto-exclusion indices [Tick (√) where applicable]* (You must fulfil all criteria to get a																						
ration card)																						
	I certify that I/my family,												Ti he									
1.	do not live in a house with 3 or more than 3 rooms made of concrete wall and roof.													1	-							
2.	do not have any of the following consumer goods: a) four wheeler motorized card, b)AC machine, c) Computer or Laptop with internet facility																					
3.	do not have more than one of the following consumer goods – Refrigerator, Landline telephone, Washing Machine, Two wheeler motorized vehicle do not have any person who pays Income Tax or Professional Tax																					
4.																						
5.	do not have any member who is a Gazetted or non-Gazetted employee of State / Central Govt. Undertaking / Govt. Aided / Statutory / Autonomous bodies																					
<b>Deprivation criteria [Tick (√) where applicable]</b> ★ (You must fulfil at least one criteria to get a ration card)																						
	I certify that I/my family,											Ti he	ck re									
1.	live in house with wall and roof made of grass/straw/bamboo/wood/mud											1	10									
2.	live in house with roofs covered with Tali/GI/ Tin/Asbestos and having earthen wall or wall made of un-burnt brick or wood/stone																					
3.	have no source of drinking water near the house																					
4.	do not have any electric connection																					
5.	have no concrete latrine																					
6.	do not have any male member within the age group between 16-59 years and head of the family is a female																					
7.	belong to SC category																					
8.	belong to ST category																					
9.	have no literate adult member													_								
10.	do not have any adult member having primary education have one of the members who is handicapped/suffering from prolonged diseases													+								
11.												/D	/XX 7	1.1 - 1./	0	.i.tC	1	a) M.	.: 4		+	
12.	work as a) Peddler/Cobbler/Hawker b) Construction worker/Plumber/Mason/ Labour/Dyer/Welder/Security Guard c) Maid Servant/Worker/Tailor d) Helper/Transport labour/Driver/Conductor/ Helper of the Driver and Conductor/Garowan/ Rickshaw Puller, e) Washerman/Chowkider, f) Coolie/Porter																					
13.	Head of my family is mechanic/Mechanic/	s a Staff	of a sh	op/Sa	hayak	k/Help	er/Peo	n of a	small c	oncer	n/Aro	dali/V	Vaiter/	Elec	tric							
14.	Head of the family w																					
15.	has no permanent job	b & sour	ce of i	ncome	is m	ainly f	rom P	ension	interes	st and	or re	nt										
16.	is a Shelterless fami	-																				
17.	live in a single room																				$\perp$	
18.	live on Destitution or begging / Rag-picking / Sweeping / Scavenging/Gardening																					
19.	do not have income																				_	
20.	all adult members work on irregular or daily wage basis														_							
21.	the Head of the fami			C	- C	:1:4	1. 1		1.	-4	10	(0		141-	1	11	1	1	1		+	
22.	belong to a family w suffering from prolo	nged dis	eases																			
23.	belong to a family where all members of a family above 65 years or either handicapped or have been suffering from prolonged diseases																					
							Sect	tion A	. Ad	dress	De	tails										
Distri																						
	livision*																					
Municipality/ M. Corp*																						
	Ward No*							Но	use N	0*												
Street / Lane*																						
	ost Office*  Pin Code*																					
	e Station																					
Primary Mobile No* (for getting SMS from F&S Deptt.)																						
Alter	nate mobile/ whatsapp	no.																				

email id (if any)

Section B. Details of the I FPS Name	Fair I	Price	Sho	(FP	S) &	Kero	osen	e Oi	Sho	op fro	m wh	ere I	want	to li	ift fo	oodgi	rains	and	Ker	oser	ıe	Ц
FPS Code	$\vdash$			+	+								+									$\dashv$
Kerosene Shop Name		1								+												1
Kerosene Shop Code																						1
C: Details of mem	bers	appl	ying	for l	DRC	*(Aa	adh	aar	not	man	dator	y for	thos	e be	low	age	of 5	yea	ırs)			
Name of the Applicant* 1(HOF)																						
Date of Birth*	D	D	М	M	V	V		VV		Mal	P		Fem	ale	-	-	 Other	rs				$\dashv$
Father's/Mother's/Spouse			TAT	14.1	1	1				14141			T CII.		$\perp$							$\dashv$
Aadhaar Number*	. 9 1 16							+							$\top^{\perp}$			$\perp$				$\dashv$
EPIC Number			Ι	Τ	Τ		+								+							+
Whether Person with Disa	hilit	v (PV	VD)											Yes	 `			No				+
Name of the Applicant*		y (1 v	\ <b>D</b> )	Τ	Τ									100	, 		-   -	110				$\dashv$
2					+	+									+							$\dashv$
Relationship with the Hea	d of	 Fami	l ily*																			$\dashv$
Date of Birth*	D	D	М	M	Y	Y	7	Y	Y	Mal	e		Fem	ale		(	)the	rs				1
Father's/Mother's/Spouse	's Na	ame						Τ							<u>'</u> T			$\top$				٦
Aadhaar Number*			1	l											Τ							٦
EPIC Number																						٦
Whether Person with Disa	bilit	y ( P'	WD)					<u>'</u>														٦
Name of the Applicant*																						$\Box$
Relationship with the Hea	d of	 Fami	lv*														+					+
Date of Birth*	D	D	M	M	V	V	1	V		Mal	e		Fem	ale	+		 Other	rs				$\dashv$
Father's/Mother's/Spouse	's Na	ame							$\Box$	112412											Τ	$\dashv$
Aadhaar Number*								Τ							$T^{L}$							$\dashv$
EPIC Number				Τ	Т										+							$\dashv$
Whether Person with Disa	bilit	v (PV	VD)																			$\dashv$
Name of the Applicant*			Ĺ	Ι	Τ																	1
4																						7
Relationship with the Hea	d of	Fami	ily*	1																		$\exists$
Date of Birth*	D	D	M	M	Y	Y	7	Y		Mal	e		Fem	ale		(	)the	rs				٦
Father's/Mother's/Spouse	's Na	ame			<u>'</u>	<u> </u>									<u>'</u> T			$\top$				٦
Aadhaar Number*								T							Τ							٦
EPIC Number																						٦
Whether Person with Disa	bilit	y (PV	VD)		1			1							Y	es			No			٦
[ ]I agree that all inputs given abo					-	_	_					-	-						-			-
information furnished here is found information, either at the time of appli					edge tl	nat oth	er leg	gal ac	tion m	ay be	taken ag	gainst n	ne for	furnisl	ning v	wrong	inforn	nation	or hic	ling a	ny rele	evant
Date:														S	Signa	ture /	LTI o	f the	applic	ant		
Checklist of Documents to	o be	giver	n alor	ng wi	th th	e apr	olica	atior	)													
Copy of Aadhaar of all me																						
If age of any new applica								not	man	dato	ry. In	that (	case	сору	bir	th ce	rtific	ate	of su	ch		
applicant is to be submitt				•							•			.,								
Address proof of any of t		plica	nts (	Сору	of A	adha	ar/I	EPIC	/Pas	sport	/Post	paid	Mob	ile B	ill/la	andli	ne P	hone	e Bill	/Ele	ctrici	ty
Bill/Bank Passbook/Drivi	-	-		.,			•		•	•	•	•			•							•
Address in the document should be clearly legible.																						
						R	eceip	t														
Descived Apple 41 12 P	d- **	1					ip												_			
Received Application vide Barco	ode Nu	ımber <sub>.</sub>										for Fo	orm _									
Date														Sign	natui	re and	seal					