Application for Inclusion of left out members of a family already having Digital Ration Card(Both Rural & Urban Areas)

Form 4

পরিবারের কিছু সদস্যা ডিজিটাল রেশন কার্ড পেয়েছেন তার্দের বাকী সদস্যদের নতুন রেশন কার্ডের আবেদন) (পুর ও গ্রামীণ এলাকা উভয়ের জন্যে)

(* marked fields are compulsory)

Sec	ction	A: D	etails		ead o							nbe	r ha	ving]	DRO				
Name*																			
							+												
Ration Card Type*		AAY	,	F	РНН		SP	НН		RI	KSY-I			RKSY-	I	GEN			
Ration Card Number*																			
Section B: Details of new m	ember	rs appl	ving fo	r DR	C (Aa	dhaa	r not	mand	lator	v for	appl	ican	ts bel	ow ag	e of 5	vrs.)			
					of the					J				8		J			
Name of the Applicant*																			
Relationship with the Head	of Fam	nily*																	
Father's/Mother's/Spouse's																			
-																			
Date of Birth*	D	D 1	M M	Y	Y	Y	Y	Mal	e		Fem	ale		Ot	hers				
Aadhaar Number*																			
EPIC Number																			
Whether Person with Disabi	lity (P	WD)	•							Yes	5			No		•	•		
			De	etails	of the	2 nd A	pplica	nt											
Name of the Applicant*																			
Relationship with the Head	of Fam	nily*																	
Father's/Mother's/Spouse's																			
Date of Birth*								Mal	e		Fem	ale		Ot	hers				
Aadhaar Number*		•	•																
EPIC Number																			
Whether Person with Disability (PWD)										Yes	5			No)				
			D	etails	of the	3rdA1	plica	nt											
Name of the Applicant*																			
Relationship with the Head	of Fam	nily*																	
Father's/Mother's/Spouse's	Name'	*																	
Date of Birth*								Mal	e		Fem	ale		Ot	ners				
Aadhaar Number*					'														
EPIC Number																			
Whether Person with Disabi	lity (P	WD)	'	'		•				Yes	5			No	,		'		
					Sect	ion B	: Add	lress	detai	ls									
District*																			_
Sub-division*				_	+							_							+
Block/Municipality/ Mun. (orp*			+				_				+	_		\dashv		_	_	+
	24			- 1		1	1	1	1	ı l		- 1	- 1	1 1	- 1		- 1	- 1	
Gram Panchayat/ Ward No)*			_						\vdash		_				-+			+
Gram Panchayat/ Ward No Village/Road/ Street *)*										D: ·	Cal	*						
Gram Panchayat/ Ward No)*										Pin (Code	*						_

Section C: Contact Details

Primary Mobile Number*(For communication)									
Secondary Mobile Number									
Whatsapp Number									
Email ID (if any)									
If you don't want us to send e-bill and other important messages, tick the box									

Section D: Aadhaar Details of all existing DRC holders of the family*

(Form will not accepted if Aadhaar number is not given)

'												
Name of Member 1 (Hea	ıd											
of Family)*												
Digital Ration Card No.*												
Card Category* AAY PHH					H	RKSY-I		RKSY-II	I GEN			
Aadhaar number* (attach	copy)		I									
Whether Person with Disability (PWD)							Yes		No			
Name of Member 2												
Digital Ration Card No.*												
Card Category*	rd Category* AAY PHH					RKSY-I		RKSY-II	[GEN		
Aadhaar number* (attach	copy)											
Whether Person with Disa		Ye				No	No					
Name of Member 3												
Digital Ration Card No.*												
Card Category*	AAY	PH	H	SPF	H	RKSY-I		RKSY-II	[GE	N	
Aadhaar number* (attach	copy)		•									
Whether Person with Disa				Yes		No						
Name of Member 4												
Digital Ration Card No.*												
Card Category*	AAY	PH	H	SPHH		RKSY-I		RKSY-II	[GE	N	
Aadhaar number* (attach	copy)		·									
Whether Person with Disa	1			Yes		No						
[] I agree that all inputs given al			my knowlede	a I sara	a that the ar	nlication may		r the Ration Ca		may he	cancelled if	

Date:	Signature /LTI of the applicant
Checklist of Documents to be added:	
Copy of Digital Ration Card of any existing r	member of the family
Copy of Aadhaar Cards of the applicants/m	embers to be added to the family
If age of any new member is less than 5, the member is to be submitted	en Aadhaar is not mandatory; in that case copy of birth certificate of such
Address proof of any of the applicants (Cop Bill/Bank account statement/Driving Licenc	by of Aadhaar/EPIC/Passport/Postpaid Mobile Bill/landline Phone Bill/Electricity ce).
Address in the document should be clearly	legible.
	_Receipt
Received Application vide Barcode Number	for Form 4.

Date.....

Signature and seal

^[] 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 f 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 or hiding any relevant information, either at the time of application or at later stage.