Annexure-XV

NEW RATION CARD APPLICATION

Recent Passport Size

1.	Category:		\neg								
		AAY	- ,	L НН	District:				Block		
2	3.7		F	пп				Ed 1M			
2.		Name of Applicant						Father's Name			
3.	Husband's				Sno		Spou	se's Name			
3.	Trasouna s	Husband's Name						se s rame			
4.											
	Gender		Age		Number				Nationality		
5.											
	Residential Address										
	ridare	Address		Village		Locality					
								Locality			
6			Nun		Aadha				Epic (copy to be		
	Pin Co	de			Numb (copy to				enclosed)		
						sed)					
7	Are you a member of Schedule C								1		
	An	swer 'ye	s' or 'No'	(copy t	o be enclose	d)					
8	Total monthly income				Physically Disabled (Yes/N						
	of family from all sources: Rs				(If Yes, Certificate from DMHO/UDID t				to be enclosed)		
9	Gas Connection (Yes/NO		NO)	LPG Consumer No					Name of Gas	s Agency	
10				1	Name of Bank						
	Bank De	etail of th Family:	e Head of					Rural		Urban	
	ranny				TT 0.0						
					IFSC Code				A/C No		
11						l			1		
	FPS Mapping (Recommended)										
				•							
										1	

Signature of the Applicant

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Members Forms:

Sl.no	Member's Name	Mobile Number	Aadhaar Number (copy to be enclosed)	Epic (copy to be enclose d)	Occup ation	Bank A/C No.	Bank Name	Branch Name	Total Annual income (In Rs.)

I	, Son / Daught	er of Shri	
ageyears, res	sident of	in the di	strict of,
to the best of my know fact that if the informa punishment as per any	declare that the information giveledge and belief and nothing has attion given by me is proved false as provision of Law for the time becaused to me shall be summarily can	been concealed therein. I not true at any point of ti ging in force as well as the	am well aware of the me, I will have to face
Date:			-
Signature of the Appli	cant		Place: -