



**COMMON APPLICATION FORM
URBAN
Food & Supplies Department Government of West Bengal**

I. Application For		√	Fill part
Old Form 3:	Inclusion of Full Family under NFSA/RKSY	<input type="checkbox"/>	A, B, C, F
Old Form 4:	Inclusion of left out Family members under NFSA/RKSY/ GEN	<input type="checkbox"/>	A, B, E, F
Old Form 5:	Rectification of spelling mistake in name / age/ address in existing Digital ration card	<input type="checkbox"/>	A
Old Form 6/13/14:	Change of FPS due to shifting of full family / partial family/ Individual due to Marriage/ Divorce/ others	<input type="checkbox"/>	A, B, C, D, E
Old Form 7:	Application form for surrendering Digital Ration Card due to Death / Migration / Voluntarily	<input type="checkbox"/>	A, D
Old Form 8:	Application form for conversion of another category of DRC to RKSY I	<input type="checkbox"/>	A, B, F
Old Form 10:	Application form for Non-Subsidized Ration Card. (Subsidized Food Grain Not Required)	<input type="checkbox"/>	A, B, C

A. Applicant Details (Name, Age & DOB of applicant should be mentioned as in Aadhar / Birth Certificate)

Name of the 1st Applicant													
Name of father/ mother /spouse													
Relation		Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law											
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		Mobile No.											
Date of Birth		Aadhar No											
Category If Applicable		Person With Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)		Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.		In case of ST: <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO									
Type		<input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSY I <input type="checkbox"/> RKSY II <input type="checkbox"/> Old Paper Ration Card											
Name of the 2nd Applicant													
Name of father/ mother/spouse													
Relation		Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law											
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		Mobile No.											
Date of Birth		Aadhar No											
Category If Applicable		Person With Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)		Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.		In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO									
Type		<input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSY I <input type="checkbox"/> RKSY II <input type="checkbox"/> Old Paper Ration Card											
Name of the 3rd Applicant													
Name of father/ mother/spouse													
Relation		Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law											
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		Mobile No.											
Date of Birth		Aadhar No											
Category If Applicable		Person With Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)		Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.		In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO									
Type		<input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSY I <input type="checkbox"/> RKSY II <input type="checkbox"/> Old Paper Ration Card											
Name of the 4th Applicant													
Name of father/ mother/spouse													
Relation		Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law											
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		Mobile No.											
Date of Birth		Aadhar No											
Category If Applicable		Person With Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)		Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.		In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO									
Type		<input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSY I <input type="checkbox"/> RKSY II <input type="checkbox"/> Old Paper Ration Card											

B - Address of the Applicants -To be Filled For Old Form 3,4,6,8,10 & 13

Sub-Division				Post Office			
Block/Municipality/Muni.Corp.				District			
Gram Panchayat/Locality/Ward No							
Village/Street				Pin Code			



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C. Nearest Fair Price Shop - To Be Filled For Old Form 3,6,10,13														
Ration Shop Name														
Ration Shop Code														
D. Miscellaneous Details - To be filled for Old Form 6,7,13,14														
Surrender Ration Card		Reason: Death <input type="checkbox"/> Migration <input type="checkbox"/> Voluntarily <input type="checkbox"/>												
Change Of Ration Shop Due to Shifting Of :		Full family <input type="checkbox"/> Partial family <input type="checkbox"/> Marriage/Divorce/Other <input type="checkbox"/>												
E. Details Of Any Member Of Family Where Applicant Wants To Join - To be filled for Old Forms 4, 14														
Name Of Any Family Member Having Ration Card Whose Age Is More Than 18 Yrs														
Ration Card No										Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSYS I <input type="checkbox"/> RKSYS II				
Aadhar No										Mobile No				
Relation with the person		<input type="checkbox"/> Husband			<input type="checkbox"/> Son-in-law			<input type="checkbox"/> Son						
		<input type="checkbox"/> Wife			<input type="checkbox"/> Daughter-in-law			<input type="checkbox"/> Daughter						

Declaration:

I certify that I / my family is /are applying for new ration card or modifying /conversion of category of ration card on the following Auto-exclusion Criteria (Tick (v) where applicable)

We live in a house with 3 or more than 3 rooms made of concrete wall and roof / We have four wheeler motorized car/ We have AC machine / We have Computer or Laptop with internet facility / We have Refrigerator or Landline telephone or Washing Machine or Two wheeler motorized vehicle / We have one or more family member who pay Income Tax or Professional Tax/ We have one or more family member who is a Gazetted or non-Gazetted employee of State / Central Govt. Undertaking / Govt. Aided / Statutory/ Autonomous bodies and

that I/ my family satisfies following Deprivation Criteria: (Tick (v) where applicable)

live in a house with wall and roof made of grass/straw/bamboo/wood/mud 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/ There is no source of drinking water near the house / do not have electric connection in our house / house has no concrete latrine/ does not have any male member within the age group between 16-59 years and head of the family is a female / SC / ST households / Our family has no literate adult member / Our family does not have any adult member having primary education/ One of the family members is handicapped/suffering from prolonged diseases / Profession is -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 / eddler/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 / Head of the family works on daily wage or weekly wage/ No member of the family has a permanent job & source of income is mainly from Pension/interest and / or rent ./ We are a household without shelter/ We are Household with only one room with kutcha walls and roof/ Our family lives on Destitution or mendicancy (begging) / Rag-picking / Sweeping / Scavenging/Gardening/ Our family does not have income/ All adult members work on irregular or daily wage basis/ All members of the family within the age group between 18-60 years are either handicapped or have been suffering from prolonged diseases/ All members of a family are above 65 years or handicapped or have been suffering from prolonged diseases

I do hereby declare that:

1. all inputs and information given above are true to the best of my knowledge and the application may be rejected, or the Ration Card, if issued, may be cancelled if any information furnished here is found to be false.
2. the department may take legal action against me for furnishing wrong information or hiding any relevant information.
3. I have submitted Aadhaar Data voluntarily.
4. the Department of Food & Supplies, Government of West Bengal may send any information through SMS to my mobile.

Please Note: In case of application for new ration card for full family, age of at least one applicant of the family should be more than 18 years of age.

Documents to be submitted:

1. Copy of Aadhar of all applicants except minor child aged below 5 yrs & does not possess Aadhar.
2. Copy of Birth Certificate(child aged below 5 yrs & does not possess Aadhar)
3. Copy of Aadhar & DRC of any family member in case applicant Wants To Join in a family.
4. Copy of Death Certificate, if Ration Card surrender due to death.

Signature of the applicant / Adult member of family whose details is mentioned in Part E

Aadhar Number of the 1 st applicant / Aadhar number of the family member as mentioned in Part E (In case of addition of new member or modification of the minor applicant not having Aadhar)	
Date & time of receiving of application	