## Form 4

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

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

(\* marked fields are compulsory)

Se	ection	A: I	<b>)</b> etai	ls of	Hea	d of		nily			Any	men	nbe	r hav	ing I	ORC	,			
Name*																				
Ration Card Type*		AA	Υ		PH	+		SPI	НН		RK	SY-I		F	KSY-II		GEN			
D.: C. IN. I. *			1			1											1	I		
Ration Card Number*	b			for I	)DC	(A adl				242	u Com	a		a bala		of 5				
Section B: Details of new n	nembei	rs apj				(Aadr the 1s				atory	y IOF	appı	Icani	is beio	w age	01 5	yrs.)			
Name of the Applicant*				Detai	115 01	the I	77P	рпса	110											
rame of the rapplicant				-			+													
Relationship with the Head	of Fam	nilv*																		
Father's/Mother's/Spouse's		•																		
Tamer shirtener shapease t	3 I VAIIIC																			
Date of Birth*	D	D	Μ	Μ	Y	Y	Y	Y	Male			Fem	ale		Oth	ers				
Aadhaar Number*																				
EPIC Number															1					
Whether Person with Disab	oility (P	WD)	<u> </u>	L_		I		I	l.		Yes				No	ı	_ I	ı		
				Detai	ils of	the 2 <sup>n</sup>	dAp	plica	nt											
Name of the Applicant*																				
11																				
Relationship with the Head	of Fam	nily*	l l																	
Father's/Mother's/Spouse's																				
<u>*</u>																				
Date of Birth*									Male	,		Fem	ale		Oth	ers				
Aadhaar Number*		•	•	•																
EPIC Number																				
Whether Person with Disab	oility (P	WD)		•		•			•		Yes				No					
				Detai	ils of	the 3 <sup>r</sup>	dAp	plica	nt											
Name of the Applicant*																				
Relationship with the Head	of Fam	nily*	•	•																
Father's/Mother's/Spouse's	s Name	*																		
Date of Birth*									Male	•		Fem	ale		Oth	ers				
Aadhaar Number*																				
EPIC Number																				
Whether Person with Disab	oility (P	WD)									Yes				No					
D: 4 : 4%						Section	n B:	Add	ress (	letail	S									<u>Ļ</u>
District* Sub-division*		+					+		+			+		+	$\vdash$				+	+
Sub-division* Block/Municipality/ Mun.	Corn*													+					+	+
Gram Panchayat/ Ward N														+					+	+
Village/Road/ Street *														+					+	+
, mage/redui/ birect			1 1				+					Pin (	Code	*					+	+
Post Office*												<del> \</del>							†	$\dagger$
Police Station				1 1			1													+

## **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)

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Name of Member 1 (Hea	ıd											
of Family)*												
Digital Ration Card No.*												
Card Category*	AAY PHH		SPHH		RKSY-I		RKSY-I	I GE		N		
Aadhaar number* (attach	copy)											
Whether Person with Disability (PWD)							Yes		No			
Name of Member 2												
Digital Ration Card No.*												
Card Category*	AAY	AY PHH			H	RKSY-I		RKSY-II		GEN		
Aadhaar number* (attach	copy)											
Whether Person with Disability (PWD)						Yes			No			
Name of Member 3												
												_
Digital Ration Card No.*												
Card Category*	Card Category* AAY PHH			SPF	HH I	RKSY-I		RKSY-I	[	GE	N	
Aadhaar number* (attach	copy)											
Whether Person with Disability (PWD)						Yes			No			
Name of Member 4												
Digital Ration Card No.*												
Card Category*	AAY	PHH			HH	RKSY-I		RKSY-I	I G		N	
Aadhaar number* (attach	copy)											
Whether Person with Disa	ability (PWD)	•	•	Yes	•	No						

Date:	Signature /LTI of the applicant	
Checklist of Documents to be added:		
1.Copy of Digital Ration Card of Head of Fa	mily/one existing Card holder	
2.Copy of Aadhaar Cards of all members		
3.If age of any new member is less than 5, the	en Aadhaar is not mandatory; in that case copy of birth certificate of such member is to be submitted	

for Form 4.

Signature and seal

Received Application vide Barcode Number\_\_\_

Date.....

<sup>[ ]</sup> 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.