Application of an Individual for shifting to a New Family

Form 14

(নতুন পরিবারে স্থানান্তরিত করার জন্য কোনও ব্যক্তির আবেদন) (* marked fields are Compulsory)

| Section A | : Exist | ing C | ard t | ype a | nd n | umb | er of | the | persor | n shift | ing i | nto n | new] | Famil | y | | | |
|-------------------------|---------|-------|---------|--------|-------|--------|--------|--------|--------|---------|-------|-------|-------|---------|--------------|-----|-----|--|
| Name* | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Ration Card Type* | | AAY | | PH | H | | SPH | H | RI | KSY-I | | RKS | SY-II | | G | ĪN | | |
| Ration Card Number* | | | | | | | | | | | | | | | | | | |
| Relation with the mem | ber who | se | | | | | | | | | | | | | | | | |
| details given below | | | | | | | | | | | | | | | | | | |
| Relation with HOF of no | ew Fami | y | | | | | | | | | | | | | | | | |
| | | | | I | | | | | | | | | 1 | | | | 1 1 | |
| | | | | | | | | | | | | | | | | | | |
| Section B: Existin | g Card | type | and | numb | er of | the | Head | l of F | amily | / Ang | y oth | er m | emb | er of t | the f | ami | ly | |
| | | | wh | iere A | Appl | ican | t wa | nts t | o shif | ft | | | | | | | | |
| Name* | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Ration Card Type* | AAY | | РНН | | S | РНН | | RK | SY-I | | RKSY | ·II | | GEN | | | | |
| Ration Card Number* | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | Sad | tion | T. De | non l | for al | iftim | too | North | Tomile |) | | | | | | | |
| | | Sec | ction (| C: Rea | son f | for sh | ifting | g to a | New H | amily |) | | | | | | | |

1.Marriage (Proof of Marriage & document/s establishing relationship with the family to be attached)

2.Divorce /Separation (Proof of Divorce to be attached)

3. Other reason (Declaration with signature of the member of the new family needed)_

| Section D: Contac | et details of t | he family* | to which the | applicar | nt is shifting) | | | |
|---|-----------------|------------|--------------|----------|------------------|----|----|--|
| Primary Mobile Number(For comm | unication)* | | | | | | | |
| Secondary Mobile Number | | | | | | | | |
| Whatsapp Number | | | | | | | | |
| Email ID | | | | | | | | |
| If you don't want us to send e-bill ar Section E: Aadh | - | | | | New family* | | | |
| Name of Member 1 (Head of Family)* | | | | | | | | |
| Digital Ration Card No.* | | | | | | | | |
| Card Category* AAY | РНН | SPHH | RKSY | Y-I | RKSY-II | G | EN | |
| Aadhaar number* (attach copy) | | | | | | | | |
| Whether Person with Disability (PW | / D) | | | Yes | | No | - | |
| Name of Member 2 | | | | | | | | |
| Digital Ration Card No.* | | | | | | | | |
| Card Category* AAY | РНН | SPHH | RKS | Y-I | RKSY-II | G | EN | |
| Aadhaar number* (attach copy) | | | | | | | | |
| Whether Person with Disability (PW | Yes | Yes No | | | | | | |

| Name of Member 3 | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|-------------|---------|------|---|------|-----|------------|----|--------|-----|------|------|------|------|-----|---|----|-----|----|---|----|--|
| | | | | | | | | | | | | | | | | | | | | | | |
| Digital Ration Card N |). * | | | | | | | | | | | | | | | | | | | | | |
| Card Category* | AA | | | I | PHF | I | | SP | нн | |] | RKS | 5Y-1 | [| | R | KS | Y-I | [| G | EN | |
| Aadhaar number* (att | ach c | opy) | | | | | | | | | | | | | | | | | | | | |
| Whether Person with | Disabi | ility (| PWD) |) | | | | | | | | | | Ye | S | | | | No | | | |
| Name of Member 4 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Digital Ration Card N |). * | | | | | | | | | | | | | | | | | | | | | |
| Card Category* | AA | Y | | I | PHI | I | | SP | нн | |] | RKS | 5Y-1 | [| | R | KS | Y-I | [| G | EN | |
| Aadhaar number* (att | ach co | opy) | | | | | | | | | | | | | | | | | | | | |
| Whether Person with Disability (PWD) | | | | | | | | | Yes No | | | | | | | | | | | | | |
| | | | | S | Sect | ion | F : | A | ddr | ess | deta | ails | | | | | | | | | | |
| District* | | | | | | | | | | | | | | | | | | | | | | |
| Sub-division* | | | | | | | | | | | | | | | | | | | | | | |
| Block/Municipality/ Mu | icipal | | | | | | | | | | | | | | | | | | | | | |
| Corporation* | | | | | | | | | | | | | | | | | | | | | | |
| Gram Panchayat/ Ward | No* | | | | | | | | | | | | | | | | | | | | | |
| Village/Road/ Street * | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Pir | ı Co | de* | | | | | | | |
| Post Office* | | | | | | | | | | | | | | | | | | | | | | |
| Police Station | | | | | | | | | | | | | | | | | | | | | | |

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

Date:

Signature /LTI of the applicant

| | Checklist of documents: |
|----|--|
| 1. | Copy of Aadhaar documents of the applicants |
| 2. | If the age of the applicant is less than 5 years, then copy of Aadhaar card is not mandatory. In that case copy birth certificate of such applicant is to be submitted |
| 3. | Proof of marriage /Divorce/Separation |
| 4. | Copy of DRC of the HOF and the husband/father/guardian of the new Family. |
| 5. | Documents establishing relationship with the family to be attached. |

_For Office Use_____

Date.....

Signature and seal