Application for DRC in Rural area if no member has DRC (গ্রামাঞ্চল কোনও পরিবারের একটিও

সদস্যের DRC লা থাকলে DRC-র জন্য আবেদল)

(*) marked fields are mandatory																					
	Auto-exclusion indices [Tick (√) where applicable]* (You must fulfil all criteria to get a ration card)																				
	I certify that I/my family,																ick ere				
1.	do not have any mot	orized	l two /	three	/ four	whee	lers /	fishing	g boat	ts (wh	ich red	mire i	egistr	ation)						-	CIC
2.	-	do not have mechanized three / four wheeler agricultural equipment such as tractors, harvesters etc.															_				
3.	do not have Kisan Credit Card with the credit limit of Rs. 50,000 and above																-				
4.	do not have any member as Government Employee : Gazetted / non-gazetted / Central / State Government / PSU government-aided autonomous bodies and local bodies															d					
5.	is not a household w	ith no	n-agri	cultur	al ente	erprise	regis	tered	with t	the Go	vernn	nent									
6.	do not have any mer	nber ii	n the f	amily	earnii	ng mo	re tha	n Rs.	15,00	0 per	month										
7.	do not have any member paying income tax or professional tax															\top					
8.	is not a household with three or more rooms with all rooms having pucca walls and pucca roof															+					
9.	do not own a refrigerator																				
10.	do not own landline phones																				
11.	do not have 2.5 acres or more irrigated land with at least one irrigation equipment																				
12.	do not have 5 acres or more land irrigated for two or more crop seasons															+					
	Deprivation criteria [Tick (\forall) where applicable]*																				
	(You must fulfil at least one criteria to get a ration card)																				
	I certify that I/my family,															Т	ick				
																h	ere				
1.	is a household without shelter														\top						
2.	is destitute / living on alms																				
3.	is manual scavengers																				
4.	is under Primitive Tribal Groups																				
5.	is legally released bonded labourers																				
6.	is a household with only one room with kucha walls and kucha roof																				
7.	is a household with no adult member between age 16 to 59														_						
8.	is a Female headed household with no adult male member between age 16 to 59																				
9.	is a household with(number to be given) disabled member(s) and no able bodied adult member														4						
10.	belong to SC/ST hou			1 1. 1		_														_	
11.	is a household with no literate adult above 25 years is a landless household deriving the major part of their income from manual casual labour											+									
12.	is a landless nousend	oia aei	nving	tne m	ajor p	art of	tneir i														
	A. Address Details* District*																				
	Sub-division*																				
Block*																					
Gram Panchayat*																					
	Village *																				
Post Office* Pin Code*																					
Police Station																					
Primary Mobile No* (for getting SMS from F&S Deptt.)																					
Alte	Alternate mobile/ whatsapp no.																				
ema	il id (if any)																				

If you don't want us to send e-bill and other important messages, tick the box

	В.	Deta	ils of	pref	errec	l Fai	r Pri	ce Sł	op (I	PS) & I	Kerose	ene O	il Sho	p			
FPS Name																		
FPS Code																		
Kerosene ShopName																		
Kerosene Shop Code																		
	1	-	_I		I		<u> </u>		<u> </u>			<u> </u>			<u> </u>	<u> </u>	<u> </u>	
C: Details of member	ers a	pplyi	ng fo	r DF	RC*(.	Aadh	aar i	not n	nanda	tor	y foi	r appli	icants	belo	w age	e of 5	years	s)
Name of the																		
Applicant* 1(HOF)																		
Date of Birth*	D	D	M	M	Y	Y	Y	Y	Mal	e		Fer	nale		Oth	ers		
Father's/Mother's/Spou	se's l	Name			ı			1										
Aadhaar Number*				1 1		1			1									
EPIC Number																		
Whether Person with Di	sabil	ity (I	PWD))	ı		ı	1		ı	- 1	ı	Yes			No		
Name of the																		
Applicant* 2																		
Relationship with the H	ead o	f Far	nily*		ı													
Date of Birth*	D	D	M	M	Y	Y	Y	Y	Mal	e		Fer	nale		Oth	ers		
Father's/Mother's/Spou	se's]	Name	;															
Aadhaar Number*				•		•									•			
EPIC Number																		
Whether Person with Di	isabil	ity (PWD)														
Name of the																		
Applicant* 3																		
Relationship with the H	ead o	f Far	nily*															
Date of Birth*	D	D	M	M	Y	Y	Y	Y	Mal	e		Fer	nale		Oth	ers		
Father's/Mother's/Spou	se's l	Name																
Aadhaar Number*				,														
EPIC Number																		
Whether Person with Di	isabil	ity (I	PWD))									Yes			No	1	
Name of the																		
Applicant* 4																		
Relationship with the H				T	I													
Date of Birth*	D	D	M	M	Y	Y	Y	Y	Ma	e		Fer	nale		Oth	ers		
Father's/Mother's/Spou	se's]	Name	•								<u> </u>							
Aadhaar Number*			I	I	I	ı												
EPIC Number																		
Whether Person with Di		• •												Yes			No	
[] I agree that all inputs gi cancelled if any information:								_	-	-								e
information or hiding any re	levant i	informa	tion, ei	ther at 1	he time	of app	lication	or at la	iter stag	e.								
Date:					S	ignatur	e /LTI o	of the a	pplicant									
Checklist of Documents [Ensure	that tl	nese do	cuments	s are att	ached v	vith you	ır appli	cation]										
1. Address proof (Not required	if addr	ess san	ne as in	Aadhaa	r){Pass	port/ R	ecent E	lectrici	tv Bill/	Drivir	ng Lice	nse /Inco	me Tax A	Assessmo	ent Ord	er/Rece	ent landli	ne
phone bill/post paid mobile b	ill}					•			•									
2.Copy of Aadhaar of all member																		
3. Copy of proof of Date of Birtl	of me	mbers	ess than	n 5 yrs.	age not	having	Aadhaa	ar {PA	N card /I	asspo	rt/ Go	vt. or PSU	J ID car	ds with p	hotogra	aph}		
						_												
						Kec	eipt										_	
Received Application vide Barce	ode Nı	ımber									for	r Form _						

Date.....

Signature and seal