

Application for Change of Ration Shop or Kerosene Oil Shop (রেশন দোকান অথবা কেরোসিন দোকান পরিবর্তনের আবেদন)

(* marked fields are compulsory)

Section A: Existing Card type and number of the Head of Family (HoF)/ Any other member For the change of FPS/Kerosene Oil shop for the whole family)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|-----|--|--|--|--|-----|--|--|--|--|------|--|--|--|--|--------|--|--|--|--|---------|--|--|--|--|-----|--|--|--|--|
| Name* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ration Card Type* | AAY | | | | | PHH | | | | | SPHH | | | | | RKSY-I | | | | | RKSY-II | | | | | GEN | | | | |
| Ration Card Number* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section B: Details of the members (if only some member are applying and NOT for whole)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|-----|--|--|--|--|-----|--|--|--|--|------|--|--|--|-----|--------|--|--|--|----|---------|--|--|--|--|-----|--|--|--|--|
| Name*1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ration Card Type* | AAY | | | | | PHH | | | | | SPHH | | | | | RKSY-I | | | | | RKSY-II | | | | | GEN | | | | |
| Ration Card Number* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whether Person with Disability (PWD) | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | | | | |
| Name*2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ration Card Type* | AAY | | | | | PHH | | | | | SPHH | | | | | RKSY-I | | | | | RKSY-II | | | | | GEN | | | | |
| Ration Card Number* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whether Person with Disability (PWD) | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | | | | |
| Name*3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ration Card Type* | AAY | | | | | PHH | | | | | SPHH | | | | | RKSY-I | | | | | RKSY-II | | | | | GEN | | | | |
| Ration Card Number* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whether Person with Disability (PWD) | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | | | | |

Section C: Details of the new FPS or Kerosene Oil shop (for A & B)

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of the new FPS* | | | | | | | | | | | | | | | | | | | | | | | | | |
| FPS Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Kerosene shop* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kerosene Shop Code | | | | | | | | | | | | | | | | | | | | | | | | | |

Section D: If applying for change of Ration Shop/ Kerosene Oil shop due to marriage/divorce/separation (the applicant would be added to the husband's/father's/guardian's family)

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| Name as in existing ration card | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card Category | | | | | | | | | | | | | Card No. | | | | | | | | | | | | |
| Name after marriage/divorce | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card Category (of husband/ father/guardian) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card No. (of husband/father/guardian) | | | | | | | | | | | | | | | | | | | | | | | | | |

Section E: Contact details of the family* (in case of marriage/divorce, the family in which the applicant is entering)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Primary Mobile Number(For communication)* | | | | | | | | | | | | | | | | | | | | |
| Secondary Mobile Number | | | | | | | | | | | | | | | | | | | | |
| Whatsapp Number | | | | | | | | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | | | | | | | | |
| If you don't want us to send e-bill and other important messages, tick the box | | | | | | | | | | | | | | | | | | | | |

Section F: Aadhaar Details of all existing DRC holders of the family* (in case of marriage/divorce, the family in which the applicant is entering)(Aadhaar details mandatory)

| | | | | | | | | | | | | | | | | | | | | |
|---|-----|--|-----|--|------|--|--------|--|---------|--|-----|--|--|--|--|--|--|--|--|----|
| Name of Member 1 (Head of Family)* | | | | | | | | | | | | | | | | | | | | |
| Digital Ration Card No.* | | | | | | | | | | | | | | | | | | | | |
| Card Category* | AAY | | PHH | | SPHH | | RKSY-I | | RKSY-II | | GEN | | | | | | | | | |
| Aadhaar number* (attach copy) | | | | | | | | | | | | | | | | | | | | |
| Whether Person with Disability (PWD) | | | | | | | | | | | Yes | | | | | | | | | No |
| Name of Member 2 | | | | | | | | | | | | | | | | | | | | |
| Digital Ration Card No.* | | | | | | | | | | | | | | | | | | | | |
| Card Category* | AAY | | PHH | | SPHH | | 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* | AAY | | PHH | | SPHH | | RKSY-I | | RKSY-II | | GEN | | | | | | | | | |
| Aadhaar number* (attach copy) | | | | | | | | | | | | | | | | | | | | |
| Whether Person with Disability (PWD) | | | | | | | | | | | Yes | | | | | | | | | No |

Section G: Address details

| | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| District* | | | | | | | | | | | | | | | | | | | | |
| Sub-division* | | | | | | | | | | | | | | | | | | | | |
| Block/Municipality/ Mun. Corp* | | | | | | | | | | | | | | | | | | | | |
| Gram Panchayat/ Ward No* | | | | | | | | | | | | | | | | | | | | |
| Village/Road/ Street * | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 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 all 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 for Section C |
| 4. Copy of DRC of the HoF and the husband/father/guardian in case of Section C |

Receipt

Received Application vide Barcode Number _____ for Form _____

Date.....

Signature and seal

You may also apply online. Visit www.wbpd.gov.in