FoFormrFormm Form 8R

alwaady having DDC*

Application for conversion from RKSY-II /Card to RKSY I Card / GEN to RKSY I (Rural) (গ্রামীণ অঞ্চলে GEN/RKSY II রেশন কার্ড তেকে RKSY । পরিবর্তনের আবেদন)

Details of Hood of Family (HoF) / Ma

a

(* marked fields are mandatory)

	Sect	ion A	A: De	etails	of l	Iead	lof	Fam	nily	(HoF)) / M	lem	ber a	lread	ly ha	ving l	DRC [*]	*		
Name	3*																			
	n Card Type* where applicable)			AAY	(PHI	Η		SPHE	[RKS	Y-I		RKS	Y-II	GEN		
	n Card Number*			1																
			S	ection	R۰	Anto)-evr	lusi	on c	riteria	& T	enr	ivatio	n cri	teria					
		λ								Tick		_				ام]*				
		л	uco	CAU						teria to					ICab	TC1				
	I certify that I/	mv f	amily	7							8									Tic
		III y I	anni	у,																her
Ι.	do not have any n									0	· · ·			0		,				
2.	do not have mech													s, harv	vesters	etc.				
3.	do not have Kisar	n Crec	lit Car	d with	the	credi	t limi	t of I	Rs. 50),000 a	nd at	ove								<u> </u>
4.	do not have any government-aided									zetted	/ nor	i-gaz	zetted	/ Cent	ral / S	State C	lovern	ment /	' PSU	
5.	is not a household	l with	non-a	agricul	tural	ente	rprise	e regi	stere	d with	the G	ovei	mment							
5.	do not have any n	nembe	er in tl	he fam	ily e	arnin	g mo	re tha	an Rs	. 15,00	0 pei	mo	nth							
7.	do not have any n	nembe	er pay	ing ind	come	tax o	or pro	fessi	onal	tax										
3.	is not a household	l with	three	or mo	re ro	oms	with a	all ro	oms	having	pucc	a wa	alls and	1 puce	a roof					
).	do not own a refri	igerat	or																	
0.	do not own landli	ne ph	ones																	
11.	do not have 2.5 ad	cres o	r more	e irriga	nted 1	and v	vith a	t lea	st on	e irriga	tion e	quip	oment							
2.	do not have 5 acre	es or 1	nore l	and ir	rigate	ed for	two	or m	ore c	rop sea	isons									
			Dep	riva	tio	n ci	rite	eria	[T]	ick (·	√) w	her	re ap	plic	able] *				
					(You	i mus	t fulfil	l at le	ast or	e criter	ia to g	et a 1	ration c	ard)						
	I certify that I/	my f	amilv	ν.																Tic
	-	•																		her
1.	is a household wi			r																-
2.	is destitute / living	-	lms																	
3.	is manual scaveng		-1 C																	
4.	is under Primitive is legally released			-	-															
5. 6	is a household wi					kuch	0.11/0	10.00	d ku	aha roc	f									
6. 7.	is a household wi									una 100	11									
7. 8.	is a Female heade						-			etweer	age	16 ta	59							-
8. 9.	is a household wi										-			died a	dult m	nember				
10.	belong to SC/ST					51.0					,			u						
11.	is a household wi			e adul	t abo	ve 25	year	s												
12.	is a landless house								inco	me froi	n ma	nual	casual	labou	r					

[] I/my family is/are applying for conversion of all the DRCs in our family because above mentioned criteria are applicable for me/ my family. (Please tick($\sqrt{}$) in the box.)

					Sect	ion C:	: Conta	ict deta	ails of	the Fan	nily*										
Primary Mobile Number*																					
(For communication)																					
Secondary Mobile Number																					
Whatsapp Number			-																	-	
Email ID																					
If you don't want us to send	e-bill a	and oth	er imp	portar	nt mess	sages,	tick the	e box													
Section D: Aadhaar Details	of all	existing	DRC	: holde	ers of t	the fan	nilv*(A	adhaa	ar is m	andator	v)										
Name of Member 1 (Head of			,				~ `				<i></i>										
Family)*																					
Digital Ration Card No.*																					
Card Category*	AA	Y		PHI	H		SPH	H		RKSY	-I			RK	SY-II				GE	N	
Aadhaar number* (attach copy															-						
Whether Person with Disabilit		D)										Yes				_		No			
	.у (1 W).	<i></i> ,	1	1	_	-	1	1	1			1 05		1				110	1		
Name of Member 2																					
Digital Ration Card No.*			+		+		1		+							+					
Card Category*	AA	Y		PHI	Н		SPH	<u> </u>		RKSY				RK.	SY-II				GE	N	-
Aadhaar number* (attach copy		. 1		1 111			5111			KK5 I	1			ICIX,	51-11	Т			UE.	1	
		D)										. 7					Ţ				
Whether Person with Disabilit	y (PW	D)										Yes				1	No				
Name of Member 3																					
Digital Ration Card No.*																					
0																					
Card Catagory*		v		DUI	ц		SDH	u		DKCV	T			DV	GV II				GE	Ň	
		Y		PHI	H		SPH	H		RKSY	-I			RK	SY-II	-			GE	Ń	
Aadhaar number* (attach copy	<i>y</i>)			PHI	H		SPH	H		RKSY				RK:	SY-II				GE	Ň	
Aadhaar number* (attach copy	<i>y</i>)			PHI	H		SPH	H		RKSY		Yes		RK	SY-II	1	No		GE	N	
Aadhaar number* (attach copy Whether Person with Disabilit	<i>y</i>)			PHI	H	Sect	SPH		ress c			Yes		RK	SY-II	1	No		GE	N	
Aadhaar number* (attach copy Whether Person with Disabilit strict*	<i>y</i>)			PHI	H	Sect			ress (Yes		RK	SY-II	1	No		GE	Ň	
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division*	y) y (PW)			PHI	H	Sect			ress d			Yes		RK	SY-II	1	No		GE		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C	y) yy (PW) Corp*			PHI	H	Sect			ress c			Yes		RK	SY-II	1	No		GE		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C ram Panchayat/ Ward No	y) yy (PW) Corp*			PHI	H	Sect			ress c			Yes		RK	SY-II	1	No		GE		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C ram Panchayat/ Ward No	y) yy (PW) Corp*			PHI	H	Sect			ress d						SY-II		No		GE		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C ram Panchayat/ Ward No llage/Road/ Street *	y) yy (PW) Corp*			PHI		Sect			ress (n Cod		SY-II		No		GE		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No llage/Road/ Street * st Office*	y) yy (PW) Corp*			PHI		Sect											No		GE		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No lage/Road/ Street * st Office* lice Station	y) yy (PW) Corp*							: Add:		etails		Pir		le*							
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No lage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation furnished here is four	y) y (PW) Corp* *	D)	also a	est of r	ny knov	wledge.	tion E	Add	ne appl	etails	ay be r	Pir	d, or t	le*		ard if			ay be c		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No lage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation furnished here is four	y) y (PW) Corp* *	D)	also a	est of r	ny knov	wledge.	tion E	Add	ne appl	etails	ay be r	Pir	d, or t	le*		ard if			ay be c		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No lage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation furnished here is four	y) y (PW Corp* *	D)	also a	est of r	ny knov	wledge.	tion E	Add	ne appl may b	etails	ay be r gainst 1	Pir	d, or t r furni	le*	iion Ca	ard if			ay be c		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* bck/Municipality/ Mun. C am Panchayat/ Ward No lage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation, either at the time of a Date:	y) y (PW Corp* *	D)	also a	est of r	ny knov	wledge.	tion E	Add	ne appl may b	etails	ay be r gainst 1	Pir	d, or t r furni	le*	iion Ca	ard if			ay be c		
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No llage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation furnished here is four formation, either at the time of a Date: Checklist of documents: Copy of Aadhaar documents	y) y (PW Corp* * bove and to be pplicat s of all	D)	also a later s	est of r r ccknow ts	ny knov ledge th	wledge	ion E	Add	ne appl may b Sig	etails	ay be r gainst 1	Pir ejecte ne for	d, or t r furni e app	le*	iion Ca wrong	ard if	issu	tion of	ay be c	ancelle	relevar
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No llage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation furnished here is four formation, either at the time of a Date: Checklist of documents: Copy of Aadhaar documents If the age of the applicant is	y) y (PW Corp* * bove and to be pplicat s of all	D)	also a later s	est of r r ccknow ts	ny knov ledge th	wledge	ion E	Add	ne appl may b Sig	etails	ay be r gainst 1	Pir ejecte ne for	d, or t r furni e app	le*	iion Ca wrong	ard if	issu	tion of	ay be c	ancelle	relevar
formation furnished here is four formation, either at the time of a Date: Checklist of documents: Copy of Aadhaar documents If the age of the applicant is submitted	y) y (PW Corp* * bove and to be pplicat s of all less th	D)	also a later s blicant ears, t	est of r cknow tage.	my knov ledge th	wledge	ion E	Add	ne appl may b Sig	etails	ay be r gainst 1	Pir ejecte ne for	d, or t r furni e app	le*	iion Ca wrong	ard if	issu	tion of	ay be c	ancelle	relevar
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C ram Panchayat/ Ward No llage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation furnished here is four formation, either at the time of a Date: Checklist of documents: Copy of Aadhaar documents If the age of the applicant is	y) y (PW Corp* * bove and to be pplicat s of all less th	D)	also a later s blicant ears, t	est of r cknow tage.	my knov ledge th	wledge	ion E	Add	ne appl may b Sig	etails	ay be r gainst 1	Pir ejecte ne for	d, or t r furni e app	le*	iion Ca wrong	ard if	issu	tion of	ay be c	ancelle	relevar
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No llage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation furnished here is four formation, either at the time of a Date: Checklist of documents: Copy of Aadhaar documents If the age of the applicant is submitted	y) y (PW Corp* * bove and to be pplicat s of all less th	D)	also a later s blicant ears, t	est of r cknow tage.	my knov ledge th	wledge	ion E	Add	ne appl may b Sig	etails	ay be r gainst 1	Pir ejecte ne for	d, or t r furni e app	le*	iion Ca wrong	ard if	issu	tion of	ay be c	ancelle	relevar
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No llage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation furnished here is four formation, either at the time of a Date: Checklist of documents: Copy of Aadhaar documents If the age of the applicant is submitted	y) y (PW Corp* * bove and to be pplicat s of all less th	D)	also a later s blicant ears, t	est of r cknow tage.	my knov ledge th	wledge, and the second	tion E	Add	ne appl may b Sig	etails	ay be r gainst r	Pir ejecte ne for of th	d, or t r furni e app e cop	le*	ion Ca nt	ard if ; info	issu	tion of	ay be c	ancelle	relevar
Aadhaar number* (attach copy Whether Person with Disabilit strict* b-division* ock/Municipality/ Mun. C am Panchayat/ Ward No lage/Road/ Street * st Office* lice Station] I agree that all inputs given a formation furnished here is four formation, either at the time of a Date: Checklist of documents: Copy of Aadhaar documents if the age of the applicant is submitted	y) y (PW Corp* * bove an ad to be pplicat isting n	D)	also a later s blicant ears, t	est of r cknow tage.	ny knov ledge th	wledge.	ion E	Add	ne appl may b Sig	etails	ay be r gainst 1 /LTI (Pir ejecte ne for of th	e app	le*	ion Ca nt	ard if ; info	issu	tion of	ay be c	ancelle	relevar

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

Date.....

Signature and seal