Application for conversion From RKSY-II / GEN to RKSY (Urban Areas)

Form 8U

(পুর এলাকায়ে GEN/RKSY II রেশন কার্ড তেকে RKSY । পরিবর্তনের আবেদন)

	Sec	tion A:	Deta		* mai ead of							• /	· alrea	dv h	navi	ng DR	RC.			
Name			Deta			I an	J						un cu	uy I						
Iname																				
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Ratio	n Card Type*	<u> </u>		AAY		PHI	Η		SPF	Η		RK	SY-I		RK	SY-II	GEN	N I		
	•1																			ı
Ratio	n Card Numb	er*																		
				Sec	tion B: A	uto-ex	clusio	n crite	ria &	Depriva	tion ci	riteri	a – – – –							
				Bee	Auto-ex					-										
					(You	ı must	fulfil a	ll crite	ria to g	et a ratio	on card	l)								
	I certify that I/m	v fomily																lesser ₍	Tick	horo
		y failify,																	TICK	nere
1.	do not live in a h	ouse with 3	or more	e than 3 roo	ms made	of con	crete w	all and	lroof											
2.	do not live in a house with 3 or more than 3 rooms made of concrete wall and roof. do not have any of the following consumer goods: a) four wheeler motorized card, b)AC machine, c) Computer or Laptop with internet facility																			
	do not have any of the following consumer goods. a) four wheeler motorized card, b) AC machine, c) computer of Laptop with methet facility do not have more than one of the following consumer goods – Refrigerator, Landline telephone, Washing Machine, Two wheeler motorized																			
3.	vehicle																			
4.	do not have any person who pays Income Tax or Professional Tax do not have any member who is a Gazetted or non-Gazetted employee of State / Central Govt. Undertaking / Govt. Aided / Statutory /																			
5.	do not have any Autonomous bo		o is a G	azetted or n	on-Gazet	ted em	ployee	of Sta	te / Ce	ntral Gov	vt. Unc	dertal	king / Gov	t. Aid	ed / S	tatutory /				
	Tutonomous bos	105								here app										
					(You mu	st fulfi	l at lea	st one	criteria	to get a	ration	card)							
	I certify that I/m	v familv																I	Tick	here
	i contrig that i in	y runniy,																	Tiek	nere
1.	live in house wit	h wall and r	oofmad	le of grass/s	straw/barr	nhoo/w	ood/m	ud												
2.	live in house with wall and roof made of grass/straw/bamboo/wood/mud live in house with roofs covered with Tali/GI/Tin/Asbestos and having earthen wall or wall made of un-burnt brick or wood/stone																			
3.	have no source of drinking water near the house																			
4.	do not have any electric connection																			
5.	have no concrete																			
6.	do not have any		er withi	n the age gr	oup betw	een 16	-59 ve	ars and	head o	of the far	nilv is	a fer	nale							
7.	belong to SC cat				r															
8.	belong to ST cat																			
9.	have no literate adult member																			
10.	do not have any	adult memb	er havin	ig primary e	ducation															
11.	have one of the					rom pr	olonge	d disea	ises											
	work as a) Pedd									ır/Dyer/V	Welder	r/Sec	urity Guar	d c) N	Iaid					
12.	Servant/Worker/	,			our/Drive	r/Cond	uctor/	Helper	of the	Driver a	nd Co	nduc	or/Garowa	an/ Ri	cksha	w Puller,	e)			
13.	Washerman/Cho Head of my fam				/Helner/P	eon of	a smal	1 conce	ern/Ar	lali/Wait	er/ Ele	ectric	mechanic	/Mech	nanic/I	Renairing	workm	nen		
14.	Head of the fam			1 2		011 01	a sinai	1 conec		anii/ Wan			incentanie,	ivicei	iunic/1	coparring	WOIKIN			
15.	has no permaner	•		•		Pensi	on/inte	rest an	d/or re	nt										
16.	is a Shelterless	0			inity itoli	I I Chisto	511/ IIIC	i est an	0/0/10	III										
17.	live in a single r	·	achha w	all and Kac	hha roof															
17.	live on Destitution					Scave	nging	Garder	ning									-+		
19.	do not have inco		5, nug	Proxing / D	eeping	Seave		Surder	<u>6</u>									-+		
20.	all adult member		rregular	or daily wa	ge hasis													-+		
20.	the Head of the		-	or curry wa	50 00313													-		
	belong to a fami	Ţ		rs of a famil	ly within	the age	e grour	betwe	en 18-	60 vears	are ei	ther I	andicappe	ed or F	nave h	een suffe	ring fro	m		
22.	prolonged diseas	•			,		0-041							1		, Juile				
23.	belong to a fami	ly where all	member	rs of a famil	ly above	65 yeai	rs or ei	ther ha	ndicap	ped or h	ave be	en su	ffering fro	om pro	olonge	d disease	s			

[] 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.)

Primary Mobile Number*																	
(For communication)												-					
Secondary Mobile Number																	
Whatsapp Number							<u> </u>										
Email ID																	
If you don't want us to send e	-bill and o	other i	mport	tant mess	sages	s, tick	the box	ĸ		1			•	•			
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Section C: Aadhaar Det	ans of a		ting i	DRC no	laer	SOIL	ne lan	шу	(Aadr	laar is	man	idalo	ry)				
Name of Member 1 (Head of Family)*																	
- c																	
Digital Ration Card No.*																	
Card Category* AA	AY	PHH		SPH	SPHH		RKSY	/-I	RKSY-I			·II			GEN	ſ	
Aadhaar number* (attach copy)																	
Whether Person with Disability	(PWD)			I	1	1		-+	Yes					No			
Name of Member 2			ГТ					-+									
												_					
Digital Ration Card No.*																	
Card Category* AAY			H	SPH	Η		RKSY	ζ-Ι		R	KSY-	·II			GEN	[
Aadhaar number* (attach copy)																	
Whether Person with Disability (PWD)								Yes		N	No						
Name of Member 3																	
Digital Ration Card No.*																	
Card Category* AA	V	DII	I	SPH			RKSY	7 1		D	Vev	п			GEN	r	
Aadhaar number* (attach copy)		РНН					-1	RKSY-II			-11			OEN			
									Vaa				I.e.				
Whether Person with Disability	(PWD)		ĉ						Yes			Г	lo				
District*			Se	ction B:	Add	ress d	etails										
Sub-division*									+								
Block/Municipality/ Mun. Cor	.b*																
Gram Panchayat/ Ward No*									\uparrow								
Village/Road/ Street *																	
									Pin	Code	•						
Post Office*			_	$\left \right $				<u> </u>	+		+	-					
Police Station [] I agree that all inputs gi	von abor	0.020	truo to	the best	t of -	ny len	owlada	<u> </u>	90r00	that 4	he er	nlies	tion	me	v bo	roio	eted
or the Ration Card if issued,						•	-		-		-	-				-	
that other legal action may	-			•													-
either at the time of application		-				8	0				8	·					,
 D /									·								
Date: Checklist of documents:							Sigi	natu	re /LT	1 of t	he ap	plica	nt]
(i) Copy of Aadha	ar Cards	of all 1	the me	embers													
(ii) If the age of a n					hen	copy o	of Aadh	naar	card	is not	man	dator	ry. I	n th	at ca	se co	ору
birth certificate	e of such a	pplica	ant is t	to be sub	mitte	ed											
(iii) Copy of DRCs	of all the	memb	ers														

_____Receipt_____

Received Application vide Barcode Number______for Form ______

Date.....

Signature and seal