Application for getting duplicate card

Against Lost, Damaged and Defaced Digital Ration Cards(DRC)

Form 9

(*marked fields are compulsory)

				g Ration																
Name*	(1	Please	fill up ii	you wa	nt dup	olicate	Ratio	on Car	ds for	ALL	mem	bers	of fam	illy)					Τ	Τ
	_															\dashv			\vdash	+
Ration Card Type*			AAY		PHF	1		SPH	H		RKS	Y-I		RK	SY-II		GEN			+
Ration Card Number*																\dashv			Т	+
				Section																
**	(Plea	ise fill i	up if you	u want d	uplica	ate Ra	tion (Cards 1	for so	ne of	the m	nemb	ers of	family)					_
Name*1																		<u> </u>		
																		<u> </u>		
Ration Card Type*			AAY		PHF	PHH		SPHH			RKSY-I			RKSY-II			GEN			
Ration Card Number*																\dashv				+
Name*2																+			-	
																_			 	+
Ration Card Type*			AAY		PHF	 		SPH	<u> </u>		RKS	Y-I		RK	SY-II	+	GEN		1	+
Dation Could Number #						1			l						1	4				
Ration Card Number* Name*3																\dashv			<u> </u>	_
Nume 3																\dashv		 	—	
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Ration Card Type* AA			AAY	AY PHH			SPHH			RKSY-I			RKSY-II			GEN				
Ration Card Number*		ı																		
					Sect	ion C	· Add	ress de	-taile*											
District*								leos de	luno											
Sub-division*																				
Block/Municipality/	Munici	oal Cor	poration	n*																
 																	Ш			
Gram Panchayat/ Loc	cality Na	ame*																		
Village /Road/ Street	Name*							+	+			+	+		-	$\vdash\vdash$	$\vdash\vdash$			
. mage / Road/ Offeet		1	1 1						1			D: 1	3.1.1							
			<u> </u>									rın (Code*	1						
Post Office*																				
Police Station																				

Section D: Contact Details of the Family* Primary Mobile No* (for getting SMS from F&S Deptt.)

Alternate mobile/ whatsapp no.

email id (if any)

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

	Section	n F. Aad	baar T	Details of	all evic	ting D	RC holde	rs of the f	amily*					
	Sceno						amber is no		allilly -					
Name of Member 1 (Hea	ad of													
Family)*					+									
Digital Ration Card No.*					+									
Card Category*	AAY	PH	H	S	PHH		RKSY-I		RKSY-II			GEN		_
Aadhaar number* (attach	copy)													
Whether Person with Disa	ability (PWD))	I				Yes	No						
Name of Member 2														
Digital Ration Card No.*														
<u> </u>	A A 37	DI	11	C	DIII		DECVI		DIGN II			CEN		
Card Category* Aadhaar number* (attach	AAY copy)	PH	H	5.	PHH		RKSY-I		RKSY-II			GEN		
·		`						37		NT.				
Whether Person with Disa	T T				Yes	No								
Name of Member 3														
Digital Ration Card No.*														
Card Category* AAY PHH			S	PHH		RKSY-I		GEN						
Aadhaar number* (attach	copy)													
Whether Person with Disa	l				Yes	No	No							
Name of Member 4														
					-									
Digital Ration Card No.*					_									
Card Category*	AAY	PH	U	C)	 PHH		RKSY-I		RKSY-II			GEN		
Aadhaar number* (attach		rn	11	3.	11111		KK3 I -1		KK31-II			GEN		
Whether Person with Dis-)						Vac		No				

	Date:	Signature /LTI of the applicant					
Chec	klist of documents:						
(i)	Copy of Aadhaar Cards of all family members.						
(ii)		opy of Aadhaar card is not mandatory. In that case copy birth certificate of such					
	member is to be submitted.						
(iii) Original DRC (in case of Damaged/Defaced Card) or, copy of GD in case of loss of Card							
-		Receipt					
Recei	ved Application vide Barcode Number	for Form					
Date.		Signature and seal					

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