



Government of West Bengal

COMMON APPLICATION FORM RURAL

Food & Supplies Department Government of West Bengal

I. Application For		√	Fill part
Old Form 3:	Inclusion of Full Family under NFSA/RKSY	<input type="checkbox"/>	A, B, C
Old Form 4:	Inclusion of left out Family members under NFSA/RKSY/ GEN	<input type="checkbox"/>	A, B, E
Old Form 5:	Rectification of spelling mistake in name / age/ address in existing Digital ration card	<input type="checkbox"/>	A
Old Form 6 / 13 /14:	Change of FPS due to shifting of full family / partial family/ Individual due to Marriage/ Divorce/ others	<input type="checkbox"/>	A, B, C, D, E
Old Form 7:	Application form for surrendering Digital Ration Card due to Death / Migration / Voluntarily	<input type="checkbox"/>	A, D
Old Form 8:	Application form for conversion of another category of DRC to RKS I	<input type="checkbox"/>	A, B
Old Form 10:	Application form for Non-Subsidized Ration Card. (Subsidized Food Grain Not Required)	<input type="checkbox"/>	A, B, C
Old Form 15:	Application form for appointing a Nominee	<input type="checkbox"/>	A, F

A. Applicant Details (Name, Age & DOB of applicant should be mentioned as in Aadhar / Birth Certificate)

Name of the 1st Applicant											
Name of father/ mother											
Relation Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law											
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				Mobile No.							
Date of Birth				Aadhar No							
Category If Applicable Person with Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)				Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.				In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO			
Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKS I <input type="checkbox"/> RKS II <input type="checkbox"/> Old Paper Ration Card											
Name of the 2nd Applicant											
Name of father/ mother											
Relation Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law											
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				Mobile No.							
Date of Birth				Aadhar No							
Category If Applicable Person with Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)				Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.				In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO			
Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKS I <input type="checkbox"/> RKS II <input type="checkbox"/> Old Paper Ration Card											
Name of the 3rd Applicant											
Name of father/ mother											
Relation Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law											
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				Mobile No.							
Date of Birth				Aadhar No							
Category If Applicable Person with Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)				Caste <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.				In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO			
Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKS I <input type="checkbox"/> RKS II <input type="checkbox"/> Old Paper Ration Card											
Name of the 4th Applicant											
Name of father/ mother											
Relation Father/Mother/Son/Daughter/Brother/Sister/Husband/Wife/Son-in-law/Daughter-in-law											
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				Mobile No.							
Date of Birth				Aadhar No							
Category If Applicable Person With Disability <input type="checkbox"/> Sex Worker <input type="checkbox"/> Leprosy Patient <input type="checkbox"/> HIV Patient <input type="checkbox"/>											
DRC No. (If available)				Caste <input type="checkbox"/> SC, <input type="checkbox"/> ST, <input type="checkbox"/> Others.				In case of ST, <input type="checkbox"/> Lodha, <input type="checkbox"/> Birho, <input type="checkbox"/> TOTO			
Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKS I <input type="checkbox"/> RKS II <input type="checkbox"/> Old Paper Ration Card											

B - Address of the Applicants -To be Filled For Old Form 3,4,6,8,10 & 13

Sub-Division			Post Office		
Block/Municipality/Muni. Corp.			District		
Gram Panchayat/Locality					
Village/Street			Pin Code		



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C. Nearest Fair Price Shop - To Be Filled For Old Form 3,6,10,13														
Ration Shop Name														
Ration Shop Code														
D. Miscellaneous Details - To be filled for Old Form 6,7,13,14														
Surrender Ration Card (Old Form 7)			Reason			Death <input type="checkbox"/>			Migration <input type="checkbox"/>			Voluntarily <input type="checkbox"/>		
Change Of Ration Shop Due to Shifting Of (Old Form 6/13/14) Full family <input type="checkbox"/> Partial family <input type="checkbox"/> Marriage/Divorce/Other <input type="checkbox"/>														
E. Details Of Any Member Of Family Where Applicant Wants To Join – To be filled for Old Forms 4, 14														
Name Of Any Family Member Having Ration Card Whose Age Is More Than 18 Yrs														
Ration Card No						Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSYS I <input type="checkbox"/> RKSYS II								
Aadhar No						Mobile No								
Relation with the person			<input type="checkbox"/> Husband			<input type="checkbox"/> Son-in-law			<input type="checkbox"/> Son					
			<input type="checkbox"/> Wife			<input type="checkbox"/> Daughter-in-law			<input type="checkbox"/> Daughter					
F. Details of Members from the same FPS to be added as Nominee – To be filled for Old Form 15														
Name of the 1 st Nominee														
Ration Card No						Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSYS I <input type="checkbox"/> RKSYS II								
Aadhar No						Mobile No								
Name of the 2 nd Nominee														
Ration Card No						Type <input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> RKSYS I <input type="checkbox"/> RKSYS II								
Aadhar No						Mobile No								

Declaration:

I certify that I / my family is /are applying for new ration card or modifying /conversion of category of ration card on the following Auto-exclusion Criteria that we have (Tick (v) where applicable)

a motorized two/three/four wheelers / fishing boats (which require registration). / mechanized three / four wheeler agricultural equipment such as tractors, harvesters etc / Kisan Credit Card with the credit limit of Rs. 50,000 or above / one or more family members who are Gazetted /non-gazetted Government Employee of Central / State Government / PSU/ government-aided autonomous bodies and local bodies / is not a household with non-agricultural enterprise registered with the Government / a member in the family earning more than Rs. 15,000 per month / a family member paying income tax or professional tax / a household with three or more rooms with all rooms having pucca walls and pucca roof / own a refrigerator / own landline phones / 2.5 acres or more irrigated land with at least one irrigation equipment/ 5 acres or more of irrigated land growing two or more crops per season.

that I/ my family satisfies following Deprivation Criteria: (Tick (v) where applicable.

We are a household without shelter / We are destitute / living on alms / We are manual scavengers / Primitive Tribal Groups- Toto,Birhor & Lodha / Legally released bonded labourers / We are Household with only one room with kutchha walls and roof / Households with no adult member between age 16 to 59 / Households with no adult member between age 16 to 59 / Households with any disabled member or no able-bodied adult member / SC /ST households / Households with no literate adult above 25 years / Landless households deriving the major part of their income from manual casual labour.

I do hereby declare that:

- all inputs and information given above are true to the best of my knowledge and the application may be rejected, or the Ration Card, if issued, may be cancelled if any information furnished here is found to be false.
- the department may take legal action against me for furnishing wrong information or hiding any relevant information.
- I have submitted Aadhaar Data voluntarily.
- the Department of Food & Supplies, Government of West Bengal may send any information through SMS to my mobile.

Documents to be submitted:

- Copy of Aadhar of all applicants except minor child aged below 5 yrs. & does not possess Aadhar.
- Copy of Birth Certificate (child aged below 5 yrs. & does not possess Aadhar)
- Copy of Aadhar & DRC of any family member in case applicant Wants to Join in a family.
- Copy of Death Certificate, if Ration Card surrender due to death.

**Signature of the applicant /
Adult member of family whose
details is mentioned in Part E**

Please Note: In case of application for new ration card for full family, age of at least one applicant of the family should be more than 18 years of age.

Aadhar Number of the 1 st applicant / Aadhar number of the family member as mentioned in Part E (In case of addition of new member or modification of the minor applicant not having Aadhar)	
Date & time of receiving of application	

