

Application for surrendering Digital Ration Cards

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Section A: Reasons for surrender

| Reason for Surrender (Check the appropriate box) | |
|---|--------------------------|
| Want to surrender one or more cards due to death in the family | <input type="checkbox"/> |
| Want to surrender all DRCs as well as claim for subsidised food grains (details of only one member is needed) | <input type="checkbox"/> |
| Please tick in the box if you want non-subsidised ration cards for all members of your family | <input type="checkbox"/> |
| Want to surrender all DRCs as my family is shifting to another state(details of only one member is needed) | <input type="checkbox"/> |

Section B: Details of Cards being surrendered due to DEATH

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

Section C: Details of family

(Please enter the details of your family members who want to surrender cards for reasons OTHER THAN DEATH)

| | | | | | | | | | | | | | | | | | | | | |
|---------------------|-----|--|-----|--|------|--|--------|--|---------|--|-----|--|--|--|--|--|--|--|--|--|
| Name* 1 | | | | | | | | | | | | | | | | | | | | |
| Ration Card Type* | AAY | | PHH | | SPHH | | RKSY-I | | RKSY-II | | GEN | | | | | | | | | |
| Ration Card Number* | | | | | | | | | | | | | | | | | | | | |
| Name*2 | | | | | | | | | | | | | | | | | | | | |
| Ration Card Type* | AAY | | PHH | | SPHH | | RKSY-I | | RKSY-II | | GEN | | | | | | | | | |
| Ration Card Number* | | | | | | | | | | | | | | | | | | | | |
| Name*3 | | | | | | | | | | | | | | | | | | | | |
| Ration Card Type* | AAY | | PHH | | SPHH | | RKSY-I | | RKSY-II | | GEN | | | | | | | | | |
| Ration Card Number* | | | | | | | | | | | | | | | | | | | | |

Section D: Contact Details

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--|
| Primary Mobile Number*(For communication) | | | | | | | | | | | | | | | | | | | | |
| Secondary Mobile Number | | | | | | | | | | | | | | | | | | | | |
| Whatsapp Number | | | | | | | | | | | | | | | | | | | | |
| Email ID (if any) | | | | | | | | | | | | | | | | | | | | |
| If you don't want us to send e-bill and other important messages, tick the box | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | |

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Section D: 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 E: Address details

| | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|------------------|--|--|
| District* | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Sub-division* | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Block/Municipality/ Mun. Corp* | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Gram Panchayat/ Ward No* | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Village/Road/ Street * | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Pin Code* | | |
| | | | | | | | | | | | | | | |
| Post Office* | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Police Station | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Checklist of documents

1. Copy of Death Certificate (in case of death)

I agree that by applying in this form, I will not be able to receive subsidized food grains.
 I also agree that I shall not be able to apply for subsidised ration cards for one year from the date of approval of my application (applicable only in case non-subsidized cards are being requested.)
 I agree that all inputs given above are true to the best of my knowledge. I agree that the application may be rejected 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.

Date:

Signature /LTI of the applicant

Receipt

Received Application vide Barcode Number _____ for Form _____

Date.....

Signature and seal

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