



u, j'ku dKZdsfy, vloau lK= 1/4 ni HSR kdKZ2

fgelpy i nskl j d kj

[k] ukxfj d vki fvZ, oami HSR keley sfHkx



आपका राशन
आपका अधिकार

fVlksd k % _____

1- Jsk%, i hy ch hy v l k s; i k f e d x g f l k k a f t y k % _____ [k % _____

2- x k e i p k r @ u x j f u x e @ u x j i f j ' k n @ , u , l h % _____ d k M Z u a j % _____

3- v l o a d d k u l e % _____ f i r k @ i f r d k u l e % _____

4- ? k d k i r k % _____

f i u d k % _____

5- f t l l f k u o j k t ; l s l f k u l a f r g q g s % _____

6- v H i . k @ f o y k s u d s i e k k l k = d k f o j . k l a y i f r l g X u d j \$ _____

7- f o r j . k d s { k e e a v k u s d k d l j . k % _____

8- l H h L = k s l s i f j o j d h d g e k f d v k % i ; % _____

1/4 j d k j @ v / 4 l j d k j @ f u x e @ d k M Z d s e p z k j ; k a d s f y , H k s d s l k R 1/2

9- j k v h r k H j r h f r G r h

10- , y i l t h m i H S R k l e j ; k % _____ , l o c h t o m o c h t o

x S , t a h d k u l e % _____ v k y d a u h v k o v k h

, p o t o h c h o t o h

11- i f j o j d s e f j k k d s c a [k r s d k f o j . k % 1/4 c a d k u l e % _____

1/4 1/2 k b z o , l l h d k % _____ 1/4 1/4 k r k l e j ; k % _____



v l o a d d s g l r k j

v l o a d l k = H j u s d s f y , f u n z k

- (i) vloau lK= dskli 'V v {kj lea H A
- (ii) vloau t ksvU j k t ; @ " l g j k l s v k s g S m g a v l o a u l k = d s l k k f u j f l r d j . k @ f o y k s u @ v H i . k z d k t k j h f d ; k x ; k j i e k k i = l g X u d j u k v l o " ; d g a
- (iii) r F ; 12 d s d e k d l e j ; k 1 e s i f j o j d s e f j ; k d k f o j . k H j A
- (iv) f r G r h v l o a d d s e l e y s e a Q e z f r G r h d Y ; k k v f / d l j h ; k c a k s l r v f / d l j h d s j k j k l R k i r g k a k p k g , A

- (v) ; f n v l o a d l j d l j h u l s j h e a g s r l s f o H k x d s n P o v f / d l j h l s i H z k l k = l R k i r d j o a A ; f n v l o a d l j d l j h u l s j h e a u g h g s r l s l f k u h i k l z ; k o k M z n l ; @ j k t i f = r v f / d l j h ; k f o " k k : l k l s l j d l j } k j k v f / d r v f / d l j h d v a r a a n u p r m a g n i t d j o k A

3 <----- Cut Here ----->

v l o a u Q e z d h j l m

Nk j huaj @ f n a l d : _____ v l o a d d k u l e _____

; g j l m _____ d k s _____

i j i z r q d h t k x l a ; f n v l o a u i = B r d i k k t k r k g s r k j k ' k u @ m i H S R k d K Z t k j h f d ; k t k x l a

f n a l d _____

i H r d r k z d s g l r k j

12. i fofj dsl nL kœkfoj.k.tlsjktu@mhsrkdKZdsfy, vfo'; d gœ

de l f:k	i fofj dsl nL kœkfoj	i fofj dsefj k dku	t lœ frfk	vkkj vej	eksoj vej
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

13. estpds dsrg jkku yssgsqvi ukvkkj @ ck kœfd dkmi; k djusgsd gefr i ņku djrk@djrnhgv

14. eshrh nbll ņrkdhkk 199200 dsi fr "kRiœ ņkkk djrk@djrnhgv&

(a) b) Oezeahxœzt kudjhl ghgsa(b) mij fn, x, l nL: fdl hhl sk; kvZœd cykœ sjku i hr ughdj jgsgr fk hkr esfdl hhlmi hsrkdKZœant Zugngœ vkoed fn, x, irsij œtro eaj jgsœ

15. es œkr djrkgrfd eskoed dsofdxr : lkl stkurkgrfd og dkye vej 4 eafn, x, irsij jgjkngœ es œkr djrkgrfd vkoed dsjkknhœzt kudjhejssubkj l ghngœ

dsy dk lœ; mi; k dsfy,

vfdkjhdhji lœ l pœœ vkoed lœ eærhœsx, rf, eņht kudjhrfk l djkhjdKZdsvubkj l ghngœ

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lœv nL vfdkjhdsgrkj esj l fr 1/4 k vktv vfdkjhdh bsl
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rkjhdsl kkvkoed dsgrkj @vœœdktu"ku
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in vjœ esl kR
dœd l f:k, œœd l f:kjku dKZ
fœd
dKZœavfdkjhdsgrkj @l djkhvfdkjh

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Authority

I here by authorize Sh/Smt./_____ who is an adult member of my family, to receive my ration card on my behalf and whose specimen signature are given below.

Date _____

Signature of Applicant

Application form for Ration Card (Consumer Card)
Government Of Himachal Pradesh
Department Of Food, Civil Supplies & Consumer Affairs

FPS ID: _____

1. Category: APL BPL AAY AAY District: _____ Block: _____

2. Gram Panchayat/MC/NP/NAC: _____ Ward No.: _____

3. Name of Applicant: _____ Father /Husband Name: _____

4 Residential Address: _____

Pin Code: _____

5. Place and State from where migrated: _____

6. Particular of Surrender/Deletion certificate (original copy to be attached) _____

7. Date & reason of arrival in the distribution area: _____

8. Total monthly income of family from all sources: Rs. _____

(with allowances for employees of the Govt./Semi-Govt. Department/ Corporations, Boards etc.)

9. Nationality: Indian Tibetan

10. LPG Consumer No. _____ SBC DBC

Name of Gas Agency: _____ Oil Co. IOC HPC BPC

11. Bank Detail of the Head of Family:- (I) Name of Bank : _____

(ii) IFSC Code: _____ (iii) A/C No.: _____

Signature of applicant



- (I) The Application should be filled in neatly in block letters only.
- (ii) The persons coming from other State / city /town / village, should attach cancellation / migration/ surrender / deletion certificate issued by the previous card issuing authority/Competent Authority.
- (iii) At serial no.1 of point no. 12 fill the detail of head of the family.
- (iv) In case of Tibetan applicant the, form should be verified by Tibetan Welfare Officer or Tibetan Settlement Officer

- (v) If the applicant is a government servant, he/she should get the application certified / Attested by his Head of the office. The person who is not a Government servant, should get the application Attested by Councilor/ward member of his local ward / Executive Officer / Secretary of local body of the area or a Gazetted Officer in the town or any other class of persons specially or generally authorized by the Government for the purpose.

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Dairy No/Date: _____ Name of the applicant _____

This acknowledgment should be produced on _____ at _____

when Ration/ Consumer Card will be issued, if the application is found in order.

Date _____

Signature of recipient

12. Particulars of family members for which Ration/Consumer Card is required:-

S. N.	Name of Family Members	Relationship with Head of Family	DOB	Aadhaar No.	Mobile No.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

13. I give my consent to use my Aadhaar/biometrics for getting my ration under TPDS

14. I do hereby solemnly affirm and state as per the Section 199 of IPC that:

(a) the information given in this form is true (b) None of the persons mentioned above are in receipt of any ration from army/paramilitary forces and are also not entered in any consumer card in India & persons detailed above are actually residing on given address of applicant.

Signature / thumb impression of the applicant along with date

15. I certify that I know the applicant personally and he/she is residing on address given in column 4. I hereby certify that the information given above is correct to the best of my knowledge:

Signature of the Certifying /Attesting Authority along with designation and seal

FOR OFFICE USE ONLY

Enquiry report of the officer/official :- The facts mentioned in the application form are correct to the best of my knowledge & as per official records.

Signature of the Certifying /Attesting Authority along with designation and seal

Adults	Children	Infants	Total members

Signature of the Enquiry Officer with Seal (FSO/Inspector, Food, Civil Supplies & Consumer Affairs / Gram Panchayat Vikas Adhikari/Secy/Sahayak).

Code No & Serial No. of the ration card

Dated

Signature of card preparing Officer / Official.

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Authority

I here by authorize Sh/Smt./_____ who is an adult member of my family, to receive my ration card on my behalf and whose specimen signature are given below.

Date _____

Signature of Applicant