

APPLICATION FORM FOR RATION CARD

- | | |
|----------------------------------|---|
| 1. Details address of household. | i. Name and address of the head of the household. |
| a. Present Ward No. | ii. Approximate age of the head of household. |
| b. Plot No. | iii. Occupation of the head of the household. |
| c. Qrs. No. | iv. Approximate monthly income of the household. |
| d. Location of residence | v. Others member of the household. |
| e. Holding No. | |
| 2. Municipality - | |
| 3. District - | |

4. Name of the house owner (it is rented house).	<hr/> <table border="0" style="width: 100%;"><thead><tr><th style="text-align: left;">Sl. No.</th><th style="text-align: left;">Name</th><th style="text-align: left;">Approx age.</th><th style="text-align: left;">Relationship With the The head of the household</th></tr></thead></table> <hr/>	Sl. No.	Name	Approx age.	Relationship With the The head of the household
Sl. No.	Name	Approx age.	Relationship With the The head of the household		

- | | |
|----------------------------------|---|
| 5. Reference of Old Ration Card. | 1 |
| a. Card No. | 2 |
| b. Sl. No. | 3 |
| c. Name of the Dealer | 4 |
| | 5 |
| | 6 |
| | 7 |
| | 8 |

Signature of the Head of the household
(In full)

ENQUIRY REPORT FOR ISSUE OF RATION CARD

Date of Visit :

1. Name of the Applicant : _____
2. Place of residence : _____
 - a) Name of the ward : _____
 - b) Plot No. Quatter's No. : _____
 - c) Holding No. : _____
 - d) Area : _____
3. Whether own house or a rented one : _____
4. Name of the house owner if it is a rented one : _____
5. Monthly Income : _____
6. Profession Occupation : _____
7. Name of the other Family members : _____

Name	Age	Relationship with the household
i)		
ii)		
iii)		
iv)		
v)		
8. Whether applied residence was covered during the last enumeration or not?
If not then reason thereof ? _____
9. Name of the previous occupant _____
H I S R.C. No. _____ & Retail tagged.
10. How in the applicant is in the Bhubaneswar city? State the previous place
residence where he has residing earlier. _____
11. State the name of other households if residing in the same holding with R.C.
numbers. _____
12. Specific Views of Inquiring Officer. _____

PLACE
DATE

SIGNATURE OF THE
INSPECTOR OF SUPPLIES.