

**PROFORMA-1****APPLICATION-CUM-DECLARATION FOR ISSUE OF NEW RATION CARD  
UNDER CHHATTISGARH RATION CARD RULE, 2016.**

To,

**The Commissioner/Chief Municipal Officer/ Secretary, Panchayat**  
 Village/Ward.....  
 Gram Panchayat/Municipality.....  
 Tahsil/Block.....District.....



1. I,.....(name of senior most female member of the family/female head) daughter/wife of.....
2. Caste – Scheduled Case/Scheduled Tribe/OBC/General.....
3. Present address – House no.....street no.....  
Mohalla.....ward no.....
4. Mobile no. of myself/other members of family.....
5. Bank Account no. (head/member).....  
IFSC Code no.....
6. Details of members of my family ( as on date) are as under:-

S.No.	Name of female head/member	Age	Sex	Relation to the Head	Voter ID Card no. (Only for adult members)	Aadhar card no.	Latest passport size photo
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.							
2.							
3.							

(In case there is no female member of 18 years of age or above in the family, name of male family head to be given)

7. I or any other member of my family is not income tax payee. I am not holding more than 4 hectare (10 acre) irrigated land or more than 8 hectare (20 acre) non-irrigated land in non-scheduled area. I do not own pakka house built in more than 1000 sq.ft. area in urban sector. Neither myself nor any of my family member come under the category of restricted family for ration cards as per sub-section (4) of Section 15 of the Chhattisgarh Food and Nutrition Security Act or any prevailing rules.
8. **Family under Antyodaya Anna Yojna/Particularly vulnerable group under Section 15 of the Chhattisgarh Food & Nutrition Security Act.**
  1. All families under particularly vulnerable tribal group so scheduled from time to time by the Central Government  
(Please mark ✓ on your tribe out of Baiga/Pahadi Korwa/Birhor/Kamar/Madia).
  2. Family head is either widow/divorced.or alone lady.  
(Please mark ✓ on (widow/divorced/alone)

3. Family head is suffering from serious/non-curable illness.  
(Cancer/Aids/Leprosy/Siklase Anemia)
4. Family head is disabled.  
(Self / wife/.husband is disabled.)
5. Family head is 60 or more years of age and is not having any type of livelihood or social assistance/beneficiary under destitute pension scheme.
6. Family head is freed bonded labour.
7. Family head is shelter less.  
(Please attach certificate issued by authorized officer)

**OR**

**Priority House hold families under Section 15 of the Chhattisgarh Food & Nutrition Security Act.**

1. Landless agriculture labour families.
2. Border farmer families (family upto 2.5 acre land owner)
3. Small scale farmer families (family upto 5 acre land owner)
4. Registered labour under Unorganized Social Security Act, 2008
5. Registered as labour under Construction Workers (Regularization of Recruitment and Service terms) Act, 1996  
(Please attach certificate issued by authorized officer)

**OR**

For disabled for green ration card under Mukhyamantri Khadyanna Sahayta Yojna).

disabled Applicant.

(Please attach certificate issued by authorized officer)

I am eligible under s.no.        /        /        / prescribed for the category of Antyodaya families or priority class families or MKSY families and I have marked ✓ on such eligible families.

9. I hereby declare that out of the details I have given in the application-cum-declaration form, no separate ration card is either issued in the name of any of the members of my family as also there is no entry in the ration card in any of the district of Chhattisgarh State. In support of the information given by myself in the application, necessary documents are available with me, which can be produced on demand.

I solemnly declare that all the information given by myself in this declaration form is fully true and I pledge that if any information is found false during enquiry, I shall be liable for penalty under Section 9 of the Essential Commodities Act, 1955.

**Place:**

**Signature (family head)**

**Date:**

**Name:**

(In case of the applicant being illiterate, thumb impression of left hand finger be taken in presence of witness and be duly signed by the witness with name and address.)

**Attestation**

All the documents submitted along with the application have been verified by myself. Members of the family as mentioned at S.no.....(copy attached) have been/have not been found matching with Socio-Economic Caste Census 2011 survey. Documents attached with the application have been found correct/incomplete/incorrect.

So issue of Antyodaya/priority ration card is recommended/application is rejected.

**Name of attesting officer-**  
**Designation-**  
**Signature-**  
**Date-**