

**MEMBER DELETION RICE CARD APPLICATION FORM**

Full Name:

Aadhaar Number :

Father/Husband Name :

Gender : ☐ Male ☐ Female ☐ Transgender

Date of Birth :

[DD/MM/YYYY]

Caste : ☐ BC ☐ SC ☐ ST ☐ OC

Sub Caste :

Religion :

Qualification :

Marital Status : ☐ Married ☐ Divorced ☐ Un Married ☐ Widow ☐ Single Women[Married]

Mobile No :

Is This WhatsApp No : ☐ Yes ☐ No**Address**

Door No / Street :

Postal Village :

Post Office :

PIN Code :

Secretariat Name :

Mandal / Municipality :

District :

Family Annual income :

Occupation :

Habitation Name :

Rice Card No :

Delete Member Details

SNo	Name	Relation	Deletion Type	Migration Type & Reason
			☐ Death ☐ Migration	☐ Outside State ☐ Marriage ☐ Study ☐ Outside Country ☐ Job ☐ Other
			☐ Death ☐ Migration	☐ Outside State ☐ Marriage ☐ Study ☐ Outside Country ☐ Job ☐ Other
			☐ Death ☐ Migration	☐ Outside State ☐ Marriage ☐ Study ☐ Outside Country ☐ Job ☐ Other
			☐ Death ☐ Migration	☐ Outside State ☐ Marriage ☐ Study ☐ Outside Country ☐ Job ☐ Other

Specify Other Migration Reason :

Attachments:

☐ Aadhaar Card Xerox☐ Supporting Document**Applicant Sign / LTI**