



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



Ration Card Data Corrections Application Form

Applicant Details:-

Applicant Name : _____ Date of Birth : _____
 Father Name : _____ Mother Name : _____
 Door No : _____ Street Name : _____
 District : _____ Mandal : _____
 Village : _____ Mobile No : _____
 Ration Card No : _____

Corrections Required in House Hold Card:-

Head of House Hold Name: _____ Father/Husband Name : _____
 Date of Birth : _____ Occupation : _____
 House/Door Number : _____ Street Name/Number : _____
 Colony Name : _____ Village/Ward : _____
 Mandal / Municipality : _____ District : _____

Corrections Required in Family Member Details:-

S.No	Name	Relation With Head of House Hold	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Proof Documents List (Any one of the below should be attached):-

- | | |
|---|---|
| <input type="checkbox"/> Bank Pass Book | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Certificate Issued by Educational Dept | <input type="checkbox"/> Copy of Arogyasri Card |
| <input type="checkbox"/> Driving License | <input type="checkbox"/> Educational Certificate |
| <input type="checkbox"/> Employee ID card | <input type="checkbox"/> Municipal Tax Receipt |
| <input type="checkbox"/> Other Govt Benefit Proof Documents | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Telephone Bill | <input type="checkbox"/> Transfer Orders (ETC) |
| <input type="checkbox"/> Copy of Ration Card | <input type="checkbox"/> Copy of Voter Card |
| <input type="checkbox"/> Copy of Electricity Bill | <input type="checkbox"/> Copy of Pan Card |
| <input type="checkbox"/> LPG Gas Connection Voucher | <input type="checkbox"/> Rs.10/- Bond Affidavit Duly Attested |

Proof Document Number: _____

Declaration:-

I hereby declare that the above-mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above-mentioned.

Date: _____

Place: _____

Applicant's Signature