

শহরাঞ্চলের জন্য

Form: VI-U (Application form for Change of Ration Shop (FPS) in respect of families already Included in NFSA/RKSY eligible family List)
(Please fill PART-I or PART-II or PART-III whichever is applicable)

রেশন দোকান পরিবর্তনের জন্য

To
 Sub Divisional Controller Food & Supplies....., / Rationing Officer,.....

Sir,

The names of the members, as noted here-in-under has appeared in the Rajya Khadya Suraksha Yojana (RKSY) / National Food Security Act (NFSA) List. I / We apply for change of the Fair Price Shop (FPS) as recorded in the Ration Card.

Ward No. : Corporation / Municipality : P.O. : Flat/Premises No.: Mobile No. : e-mail ID :

Road/Street/Lane Name : PIN Code : P.S. : District : (of any family member)*

PART-I : FPS shifting for all members of family

Name of the beneficiary	Card no.	Type of Card (AAY/PHH/ SPHH/RKSY-I/ RKSY-II)	Father's/Husband's name	Name of the Head of the family	Mention the name & no. of Ration Shop as recorded in the Ration Card	Mention the name and no. of the Dealer of the Ration Shop of your Choice / Preference	Reason for change of Ration Shop	PAN No.
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OR

PART-II : Change of FPS due to shifting of a member from one family to another family due to marriage etc.

Name of the applicant	Ration Card no. of the applicant	Type of Card (AAY/PHH/SPHH/RKSY-I/RKSY-II)	Ration Card no. of Head of the Family where the applicant has been shifted	Relationship of the applicant with Head of the Family where shifting is requested
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OR

PART-III : Change of FPS for shifting more than one member to a new address

Name of the applicant	Ration Card no. of the applicant	Type of Card (AAY/PHH/SPHH/RKSY-I/RKSY-II)	Ration Card no. of Head of the Family*	Name of FPS where shifting is applied for
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*Please write "Head" against Head of the Family.

Signature of Applicant

✂.....✂..... Return this portion to the Applicant.....✂.....✂.....

The application form VI-U (for Change of Ration Shop in respect of families already Included in NFSA/RKSY eligible family list) has been received from Shri/Smt
....., Address....., Ward No.

Signature of Authority (with Seal)