



**GOVERNMENT OF SIKKIM - DEPARTMENT OF FOOD & CIVIL SUPPLIES
APPLICATION FORM FOR RATION CARD**

Application No.* : E / W / N / S

Application Date.* :

Card Type.* : **AAY** | **PHH** | **OPHH(G)** | **OPHH(S)** | **NPH**

Old Ration Card No. :

Name of Fair Price Shop.* :

FPS ID :

ADDRESS

Census House No. *

GPU/ MC/Nagar Palika*

Ward Name/Municipal Ward/Nagar Palika*

Town/Village*

Constituency*

Sub-Division*

District* **NORTH** | **SOUTH** | **EAST** | **WEST**

State*

A. HEAD OF THE FAMILY

1. Name of HOF (Head of the Family) : Miss/Mr./Mrs.

2. Date of Birth.* :

3. Gender.* : **FEMALE** | **MALE** | **TRANSGENDER** | **NON-BINARY** | **OTHERS**

4. Caste Category :

5. Marital Status : **Unmarried** | **Married** | **Widowed** | **Divorced** | **Single Mother**

6. Disability if any : _____

7. Voter ID No. :

8. Aadhar No./U.I.D. :

9. Phone No. :

10. Bank Name. : _____

11. Account No. : _____ Branch : _____

12. Occupation * : **Unemployed** | **Self-employed** | **Pvt. Sector.** | **Govt. Sector** | **Others**

13. If employed

i. Name of Department: _____
/Firm

ii. Designation : _____ Place of Posting : _____

iii. Total Annual Income(in Rs.)* : _____

B. Any one of the following documents to be submitted along with Ration Card form of each individual.

SSC	COI	PARCHA	SURRENDERED CERTIFICATE	VOTERS ID	BIRTH CERTIFICATE (for below 18 years applicant)
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C.

a) LPG consumer no. : _____

b) No. Of LPG cylinders :

Single	Double
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c) Name of Distributor :

STCS	ESS ELL PEE GEE	KRIPA INDANE	KAMALA INDANE	NSKY INDANE	NAYUMA INDANE
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[* Photocopy of 1st page of LPG book to be submitted]

D. Electricity Consumer No. : _____

[* Photocopy of Electricity bill to be submitted]

All of the above information provided and submitted by me is correct. If any information is found false, I am aware that my Ration Card shall be automatically canceled.

Dated:

**Signature of the Applicant
(Head of the Family)**

For any wrong presentation of any information provided, the applicant shall be held responsible and he/she will not be issued with a Ration Card.

Dated:

**Issuing Authority
Food & Civil Supplies Department
Government of Sikkim**

E. APPLICATION FORM FOR RATION CARD FOR DEPENDENTS FOR 5 YEARS & ABOVE

1. Name of Member: Miss/Mr./Mrs.	<input type="text"/>	<input type="text"/>
2. Relationship with Head of the Family	<input type="text"/>	
3. Date of Birth.*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4. Gender.*	<input type="text"/> FEMALE <input type="text"/> MALE <input type="text"/> TRANSGENDER <input type="text"/> NON-BINARY <input type="text"/> OTHERS	
5. Caste Category	<input type="text"/>	
6. Marital Status	<input type="text"/> Unmarried <input type="text"/> Married <input type="text"/> Widowed <input type="text"/> Divorced <input type="text"/> Single Mother	
7. Disability if any	_____	
8. Voter ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9. Aadhar No./U.I.D.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
10. Phone No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
11. Bank Name.	_____ :	
12. Account No.	_____ Branch : _____	
13. Occupation *	<input type="text"/> Unemployed <input type="text"/> Self-employed <input type="text"/> Pvt. Sector. <input type="text"/> Govt. Sector <input type="text"/> Others	
14. If employed		
i. Name of Department:	_____	
/Firm		
ii. Designation	_____ Place of Posting : _____	
iii. Total Annual Income(in Rs.)*	_____	