



ఆంధ్ర ప్రదేశ్ ప్రభుత్వం

# RICE CARD DETAILS CHANGE APPLICATION FORM

Applicant 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

Family Annual income : Occupation :

Habitation Name : Rice Card No :

### If Address Change Fill This

Door No / Street : Postal Village : Post Office :  
PIN Code : Secretariat Name :  
Mandal / Municipality : District :

### If Details Change Fill This

SNo	Full Name	Date Of Birth	Relation With HOF

Attachments:

- Supporting Documents
- Aadhaar Card

Applicant Sign / LTI