ఆంధ్ర ప్రదేశ్ ప్రభుత్వం

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 / Muncipality : 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 ☐ Outside Country ☐ Marriage ☐ Job ☐ Study ☐ Other
			☐ Death ☐ Migration	☐ Outside State ☐ Outside Country ☐ Marriage ☐ Job ☐ Study ☐ Other
			☐ Death ☐ Migration	☐ Outside State ☐ Outside Country ☐ Marriage ☐ Job ☐ Study ☐ Other
			☐ Death ☐ Migration	☐ Outside State ☐ Outside Country ☐ Marriage ☐ Job ☐ Study ☐ Other

Specify Other Migration Reason :

Attachments:

☐ Aadhaar Card Xeox
☐ Supporting Document

Applicant Sign / LTI