

Circle No

Form 2

Registration No.....

Date of receipt.....

Date of calling.....

APPLICATION FOR ADDITION/DELETION IN THE CARD

Warning:- It is an offence punishable with imprisonment and/or fine to make false statement or to suppress any material information in the application.

1. Name of the Food Card Holder.....
2. Present Address.....
3. Food card No.....FPS No.....Units.....Cereal.....
Regd. at Serial No.....Sugar.....

4. Purpose of application Addition/deletion/conversion from minor to adult.

5. Particulars of the members to be added/deleted/converted from minor to adult.

Sl. No	Full Name	Father's/Husband's Name	age	Date of arrival for new comer/ date of birth in case of newly born child/ date of departure in case of deletion	Period of stay for addition	For conversion from minor to major (attach documents)	Date of birth & present age

Note:- Strike out the portion which is not applicable.

Declaration:- I solemnly declare that the above information given by me is correct. The persons for which addition is applied for neither hold any Food Card in their own names nor their names are included in any other Food Card in the National Capital Territory of Delhi.

Signature/T.I. of H.O.F.

Circle No.

COUNTERFOIL

Name of the Food Card Holder

Registration No.

Date of receipt

Date of calling

Signature of counter Clerk

(FOR OFFICE USE ONLY)

Addition/deletion ofadults.....minors made/minors converted into adults and units revised from.....cereal.....sugar to..... cereal.....sugar.

Signature of counter clerk
Date:

Signature of F.S.O./Inspector of H.Qr.

Received Food Card No.....

Date.....

Signature/T.I. of Card Holder

INSPECTOR'S PRE-VERIFICATION/POST-VERIFICATION REPORT

Visited onand contacted Shri.....H.O.F./Other member of the family/neighbour, holder of Food Card No.....Regd. with F.P.S. No.....at Regn. No.....

The above mentioned addition in the Food Card has been pre-verified/post verified and is found to be correct/incorrect as per detail given below.

Signature of the Inspector with date
Full Name:.....

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1. Date of receipt by the Inspector for pre-verification/post-verification.....
 2. Date of return by the Inspector after pre-verification/post-verification.....
 3. Date of receipt by the Counter-Clerk after verification.....

Signature of Food & Supplies Officer

Signature of Counter Clerk with date

Circle No.....

Full Name.....