GOVERNMENT OF PUNJAB

Application form for New ration card/Add members in existing ration card of Punjab under National Food Security Act 2013/Smart Ration Card Scheme

Rural ☐ Urban ☐ District ..... Village/Town/City..... Assembly Constituency……..

Form application for (tick √ whichever is applicable):-
NEW RATION CARD ☐ ADDITION OF MEMBERS IN EXISTING RATION CARD ☐

1)	Name of the female Head of the Family(HoF)/Household (More than 18 years of age & only to avail ration) *	2) Date of birth of HoF (DD/MM/YYYY):	3) Marital Status: Married ☐ Single ☐ If Single, then tick √ whichever is applicable: Unmarried ☐ Separated ☐ Deserted ☐ Divorced ☐ Widow ☐
4)	Father's Name of HoF:	5) Spouse's Name of HoF:	6) Mother's Name of HoF: / 7) In case of addition of members in existing ration card, provide RC Number: 03000……
8)	Mobile number of HoF:	9) Aadhaar Number of HoF:	
10)	Category: Gen ☐ SC ☐ ST ☐ BC ☐	11) Family's annual income (from all sources) in Rs: ……	
12)	MGNREGA Status of HoF: Yes ☐ No ☐ If yes, then MGNREGA ID No: ……	13) Whether HoF belong to eShram category:Yes ☐ No ☐ If yes, mention eShram ID No……..……	
14)	Occupation of HoF (tick √ whichever is applicable): Domestic workers/daily wager/outsourced/contractual/ housewife/ MGNREGA workers/construction workers/Labourers/ village chowkidars/Govt. Job/Pvt. Job. If others, please specify……..		
15)	Whether HoF is suffering from chronic disease/leprosy/mental illness/paralysis/etc Yes ☐ No ☐, If yes, then (refer list):- Name of Disease……..…. From year……..…..		
16)	Whether HoF has 40% or more disability: Yes ☐ No ☐ If yes, then %age of Disability: ……. From year: ..……		
17)	Whether any family member possesses agricultural land: Yes ☐ No ☐ If yes, provide details of land as under:- Total land in …… Acres Village:…… Tehsil:…….. District:…… State:……		
18)	Educational Qualification of HoF:		
19)	Whether the family had a farmer/landless member, who had committed suicide in distress	Yes ☐ No ☐ If yes, then Name of the person:	
20)	Whether family has such children who lost both their parents to the COVID-19 pandemic	Yes ☐ No ☐ If yes, then Name of the member:	
21)	Whether family has lost their breadwinner in the COVID-19 pandemic	Yes ☐ No ☐ If yes, then Name of the member:	
22)	Whether any member is undergoing de-addiction or has undergone drug de-addiction in the last one year	Yes ☐ No ☐ If yes, then Name of the member:	
23)	Whether HoF is an Orphan and below 21 years of age:	Yes ☐ No ☐	
24)	Whether house has regular Electricity Connection: Yes ☐ No ☐ If Yes, provide consumption details:- Name of the Consumer (as on latest bill): …… Consumer Account no…….. Relationship with the applicant (If Name on bill is different from applicant's name): …… Bill Amount: Rs. …… Bill cycle: One month ☐ Two months ☐ Total units consumed:……..		
25)	Is there any gas connection in the name of family member: Yes ☐ No ☐	If yes, Gas Company Name…….. Gas Consumer No: …….. Gas Agency Name: …… No. of cylinders: ……	
26)	Type of House: Owned ☐ Rented ☐ Homeless ☐		
27)	If Owned/Rented, specify housing status: (tick √ whichever is applicable) Kuccha ☐ Semi Pakka: ☐ Pakka ☐	28) Number of rooms (Bedrooms/Drawing Room only - not including kitchen) available in the house:……	
29)	Complete present address of HoF:- House No……. Ward No/Street No. …… Village/City/Town …….. Tehsil …….. Sub-Tehsil…….. Post Office …….. Pin Code ……		
30)	Type of Family: Single member ☐ Non-Single member ☐	31) No. of additional family members (excl. HoF) (Please fill details of members in the attached proforma)	
32)	Any other relevant information?		

* In case there is no female above 18 years of age in the family, the name of the male head should be filled in.

Self-Declaration

1. Neither I nor any member of my family is a regular employee of Government of India, State Government and Union Territory or its boards/corporations /enterprises/ undertakings/ Municipal corporations, Municipal Councils, Municipal Committees, Improvement Trusts etc.

2. I hereby declare that the annual income of my family from all sources is less than Rs 8,00,000/-.

I certify that the above information is correct to the best of my knowledge. I understand that if any information is found to be incorrect at any stage, I will be responsible for same and all the benefits availed by me will be withdrawn.

Dated:- Signature /Thumb impression of Applicant

Paste Recent Photo of HoF	Paste Recent Group Photo of the Family

Issued by:- Department of Food, Civil Supplies & Consumer Affairs, Punjab.

Please provide details of members to be added (other than HoF), as mentioned at S.No 31:-

i)

- Name of the Member: ……
- Sex: Male ☐ Female ☐ Third Gender ☐
- Father's Name: ……...
- Mother's Name: ……
- Relationship with HoF (S.No 1): ……
- Marital Status: ……... Spouse's Name:…….
- Date of Birth: ……..… Aadhaar No:…….
- Whether member is an orphan and less than 21 years of age? Yes ☐ No ☐
- Occupation: (tick √ whichever is applicable):– Domestic workers/daily wager/outsourced/contractual/ housewife/ MGNREGA workers/construction workers/Labourers/ village chowkidars/Govt. Job/Pvt. Job. If any other category, please specify:……
- MGNREGA Status: Yes ☐ No ☐
  If yes, then MGNREGA ID No: ……
- Whether you belong to eShram category:Yes ☐ No ☐
  If yes, mention eShram ID No……..……
- Any chronic disease: Yes ☐ No ☐ If yes, then:
  Name of Disease…….. From year…..…..
- Any disability, Yes ☐ No ☐ If yes, then:
  %age of Disability: ……. …. From year …….

Paste Recent Photo of the member 1

ii)

- Name of the Member: ……
- Sex: Male ☐ Female ☐ Third Gender ☐
- Father's Name: ……...
- Mother's Name: ……
- Relationship with HoF (S.No 1): ……
- Marital Status: ……... Spouse's Name:…….
- Date of Birth: ……..… Aadhaar No:…….
- Whether member is an orphan and less than 21 years of age? Yes ☐ No ☐
- Occupation: (tick √ whichever is applicable):– Domestic workers/daily wager/outsourced/contractual/ housewife/ MGNREGA workers/construction workers/Labourers/ village chowkidars/Govt. Job/Pvt. Job. If any other category, please specify:……
- MGNREGA Status: Yes ☐ No ☐
  If yes, then MGNREGA ID No: ……
- Whether you belong to eShram category:Yes ☐ No ☐
  If yes, mention eShram ID No……..……
- Any chronic disease: Yes ☐ No ☐ If yes, then:
  Name of Disease…….. From year…..…..
- Any disability, Yes ☐ No ☐ If yes, then:
  %age of Disability: ……. …. From year …….

Paste Recent Photo of the member 2

iii)

- Name of the Member: ……
- Sex: Male ☐ Female ☐ Third Gender ☐
- Father's Name: ……...
- Mother's Name: ……
- Relationship with HoF (S.No 1): ……
- Marital Status: ……... Spouse's Name:…….
- Date of Birth: ……..… Aadhaar No:…….
- Whether member is an orphan and less than 21 years of age? Yes ☐ No ☐
- Occupation: (tick √ whichever is applicable):– Domestic workers/daily wager/outsourced/contractual/ housewife/ MGNREGA workers/construction workers/Labourers/ village chowkidars/Govt. Job/Pvt. Job. If any other category, please specify:……
- MGNREGA Status: Yes ☐ No ☐
  If yes, then MGNREGA ID No: ……
- Whether you belong to eShram category:Yes ☐ No ☐
  If yes, mention eShram ID No……..……
- Any chronic disease: Yes ☐ No ☐ If yes, then:
  Name of Disease…….. From year…..…..
- Any disability, Yes ☐ No ☐ If yes, then:
  %age of Disability: ……. …. From year …….

Paste Recent Photo of the member 3

Note:- Add more pages for more members.

1) List of documents to be attached (Only photocopies and self-attested):-

a) Copy of aadhaar card of all members. If current address is different from address mentioned in aadhaar, then attach a valid address proof like Driving License/Voter ID card/Passport, etc

b) A passport size photo of each member

c) A passport size Group family photo

d) Latest electricity bill

e) Consumer Copy of Gas connection

2) Certificates in case of special categories (wherever applicable):-

a)	Leprosy/chronic disease/ paralyzed/ mental illness/others	-	Certificate from registered Govt. Medical practitioner
b)	Widow/ orphan under 21 years	-	Death certificate of the concerned person
c)	Person with more than 40% physical disability	-	Disability certificate issued by authorised Government Medical practitioner
d)	SC/ST/BC category	-	Caste certificate
e)	Ownership of agricultural land	-	Copy of fard

Consent for use of Aadhaar Information for PDS

The Deputy Commissioner,

District.....

Dear Sir/Madam,

I/We submit our Aadhaar Numbers and voluntarily give our consents to;

1. Seed Aadhaar numbers issued by UIDAI, Government of India with aforesaid Ration Card.
2. Use my Aadhaar details to authenticate me from UIDAI.
3. Use of my mobile number mentioned below for sending SMS alerts to me.

The Particulars of the Aadhaar numbers of members of my family are as under:

Sr No	Name as per Aadhaar	Aadhaar Number	Signature/Thumb impression of Aadhaar Holder
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I/We have been given to understand that my information submitted to the department herewith shall not be used for any purpose other than mentioned above, or as allowed by law.

Yours faithfully,

(Signature/Thumb impression of HoF)

Name:.....

Mobile Number:.....

Citizen's Guide to Filling the Punjab Ration Card Application Form

Read these instructions carefully before filling the application form.

- **General Instructions for Filling the Form**
  - Please read these instructions carefully before filling the application form.
  - Fill the application form in **BLOCK LETTERS** to ensure that all information is clearly readable.
  - Use **blue or black ink only**. **Do not use a pencil** to fill any part of the form.
  - Write all dates in **DD/MM/YYYY** format.
    - **Example:** 15/08/1995 for 15th August, 1995
  - Enter the **name, date of birth, Aadhaar number, and other personal details exactly as they appear on the Aadhaar card** of the applicant or family member. Do not use nicknames or abbreviated names.
  - Read each question carefully before filling your response. Tick (✓) the appropriate option wherever required.
  - Ensure that all required supporting documents are attached before submitting the application.
  - The applicant must sign or affix a thumb impression at all places where a signature or thumb impression is required.

- **Existing Ration Card Number (For Addition of Members Only)**
  - If you are applying to **add one or more members to an existing Punjab Ration Card**, you **must** enter the existing **Ration Card (RC) Number** in the space provided.
  - Enter the complete RC Number exactly as printed on your existing smart ration card.
  - Do not leave this field blank when applying for the addition of members.
  - If you are applying for a **New Ration Card**, leave this field blank.
- **Name of the Head of Family**
  - If there is one or more female family members who are 18 years of age or older, enter the eldest female member as the Head of Family.
  - If there is no female family member who is 18 years of age or older, enter the eldest male family member as the Head of Family.
  - Enter the full name and Date of Birth exactly as it appears on the Aadhaar card.
  - Ensure that the date of birth matches the **Aadhaar card.**
- **Mobile Number**
  - Enter the 10-digit mobile number of the Head of Family. If the head of family does not own a mobile, please enter the mobile number of a family member.
  - Ensure that the **mobile number is active**, as it may be used for communication regarding your application.
- **Aadhaar Number**
  - Enter the 12-digit Aadhaar Number of the Head of Family exactly as it appears on the Aadhaar card.
- **Category & Annual Income**
  - If you belong to the **SC, ST or BC** category, attach a valid **Caste Certificate**.
  - Enter the total annual income of **all family members from all sources** in Indian Rupees (₹).
- **Whether HoF is suffering from chronic disease/leprosy/mental illness/paralysis/etc.**
  - Tick Yes, if the HoF is suffering from a chronic disease or illness and write the name of the disease and the year since which the Head of Family has been suffering from it.
  - Attach a certificate issued by a **registered Government Medical Practitioner**.

  Examples of diseases include (but are not limited to):
  - Heart Attack
  - Stroke
  - Acute Kidney Failure
  - Anaphylaxis
  - Cancer
  - Coronary Artery (Bypass) Surgery
  - Heart Valve Surgery
  - Major Organ Transplantation
  - Multiple Sclerosis
  - Primary Pulmonary Arterial Hypertension
  - Aorta Graft Surgery
  - Paralysis
  - Coma
  - Total Blindness
  - Leprosy
  - Mental Illness
  - Others
- **Whether HoF has 40% or More Disability**
  - Tick Yes if the HoF has a disability of 40% or higher.
  - If **Yes**, enter the **percentage of disability** and the **year** from which the disability exists.
  - Attach a **Disability Certificate** issued by an authorised Government Medical Practitioner.
- **Whether any Family Member Possesses Agricultural Land**
  - Tick (✓) **Yes** if the family possesses agricultural land in the country.
  - If **Yes**, provide details of **all agricultural land owned by any member of the family**.
  - If the family owns **more than one parcel of agricultural land**, attach a separate sheet containing the following details for **each parcel of land**:
    - Total land (in acres)
    - Village
    - Tehsil
    - District
    - State
  - A maximum of **5 parcels of land** may be declared using separate sheets.
  - The land parcels must b**e filled in descending order i.e. the largest land parcel by size must be filled first.**
  - Attach a copy of the **Fard (Record of Rights)** for each agricultural landholding.
  - If the family does not own any agricultural land, tick "No". No land records are required to be attached.

- **Whether any Member is an Orphan and Below 21 Years of Age**
  - **Orphan** means **a person below the age of 21 years who has lost both of their parents**.
  - If there is a family member who fulfils the criteria then tick Yes and write the name of the family member.
  - Please ensure that the person is below the age of 21 years
  - Attach the **death certificates of both parents.**

- **Whether the House has a Regular Electricity Connection**
  - If the house/place of residence has a metered electricity connection tick Yes and provide the following details from your latest electricity bill:
    - Name of the Consumer
    - Consumer Account Number
    - Relationship with the Head of Family (HoF), if the electricity bill is not in the name of the HoF
    - Bill Amount
    - Bill Cycle (One Month/Two Months)
    - Total Units Consumed
  - If the electricity connection is in the name of another person, enter the **name of the consumer** and specify their **relationship with the Head of Family (HoF)**. If you are living in a rented house, you may write **"Landlord"** in the relationship field.
  - The **Consumer Account Number**, **Total Units Consumed**, and **Bill Amount** are available on your **latest electricity bill**.
  - Attach a copy of the **latest electricity bill**.
  - If the household does **not** have a metered electricity connection, tick **"No"** and leave the remaining fields blank.

- **Housing Status**
  - If you live in a rented house, tick 'Rented'. If you or your family members own the house, tick 'Owned'. If you do not have a house, tick 'Homeless'.
  - If you have selected **Owned** or **Rented**, tick (✓) the appropriate housing status. If you have selected **Homeless,** you may leave this blank.
  - **Kuccha House** – A house constructed primarily using temporary or non-durable materials such as mud, thatch, bamboo, grass, plastic sheets, or similar materials.
  - **Semi Pakka House** – A house in which either the roof or the walls are constructed using permanent materials, but not both.
  - **Pakka House** – A house in which both the roof and the walls are constructed using permanent materials such as bricks, stone, cement, concrete, or reinforced cement concrete (RCC).

- **Number of Rooms**
  - Enter the total number of **bedrooms and drawing rooms** available in the house.
  - **Do not include** the kitchen, toilet or bathrooms while counting the number of rooms.
  - If you have selected **Homeless**, you may leave this field blank.

- **Family Member Details**
  - Total number of additional family members should be written in the field. HoF is **not to be counted** for this. For addition of new members, write the total number of family members being added in the application except HoF.
  - **For a New Ration Card application**, enter the details of **all family members** who are applying for a ration card.
  - **For addition of members to an existing ration card**, enter the details **only for the new member(s) being added**.
  - Ensure that the **Name, Aadhaar Number, and Date of Birth** are entered exactly as they appear on the respective Aadhaar card.
  - If there are more members than the space provided in the form, attach a separate sheet in the same format.

- **Photographs**
  - **For a New Ration Card application:**
    - Attach a **recent passport-size photograph** of the **Head of Family (HoF)**.
    - Attach a **recent passport-size photograph** of **each family member** included in the application.
    - Attach a **recent family photograph** clearly showing **all members of the family** including **Head of Family (HoF).**
  - **For addition of members to an existing ration card:**
    - Attach a **recent passport-size photograph** of the **Head of Family (HoF)**.
    - Attach a **recent passport-size photograph** of **each new member being added**.
    - Attach a **recent family photograph** clearly showing the **Head of Family (HoF)** and **all new members being added**.

- **Application fee & other charges**
  - A processing fee of **₹100** is applicable for applications submitted through **Sewa Kendras**, **Common Services Centres (CSCs)**, and other designated Government offices/centres. Applicants may also submit their applications through the **ERCMS Portal** (Link: ***ercms.punjab.gov.in***) **free of cost**. Applicants may also scan the QR code given below to access the application form online.

Note: To reduce the chances of errors or rejection, applicants are encouraged to submit their applications **online** either themselves or through their nearest **Common Services Centre (CSC)** or **Sewa Kendra**, where the application can be checked for completeness before submission.