SI. No.
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## 'FORM-F' [See clause 10(1)]

## FOOD, CIVIL SUPPLIES & CONSUMER AFFAIRS DEPARTMENT GOVERNMENT OF HIMACHAL PRADESH

ЛРР	Application for Consumer Card:								
1. (	City/Town/Villa	ge/Panchayat							
2. \									
3. [	. Name of house-owner								
4. [	Name of the House (with house No.)								
5. [	Name of the applicant. Father/Husband.								
6. F	Full address wi	Il address with occupation & designation.							
7. [	Date/reason of arrival of in the distribution area								
3. T	3. Total monthly income of family from all sources								
()	(with allowances for employees of the Govt./Semi-Govt.								
I	Departments/Corporations, Boards etc.)								
9. Gas connections: Yes No. Consumer No. DBC:									
10. F	Particulars of fa	amily members for wl	hich consumer car	d is required:-					
appote the second secon	me of the plicant and ner members the family ng with the plicant	Relationship with the applicant	Occupation	Age	Place and State from where came with date of departure				
чр	1	2	3	4	5				
1									
2									
2 3 4									
2 3 4 5									
2 3 4									
2 3 4 5 6 7 8									
2 3 4 5 6 7 8 9									
2 3 4 5 6 7 8									
2 3 4 5 6 7 8 9 10	<ul><li>the inform</li><li>Name of the neither name.</li><li>None of the neither name.</li></ul>	nes of these persons ne person mentioned	orm is true; ed in para-10 are are entered in are in para -10 are	ny consumer ca in receipt of re	e ration from Army, rd in India egular diet from any e ration cards issued				

Dated.			Signature of card preparing Official.(specified authority)
Code No. of the Consum	er Card	Serial No.	
		Date	e
	(Ins	pector, Food, Civil Su	ne Enquiry Officer with Seal applies & Consumer Affairs/ Panchayat Vikas Adhikari).
		Signature of th	on Enquiry Officer with Seel
mentioned in the applica  Adults			Total Members
Enquiry report of the off		, the applicant in par	a 10 today and the facts
FOR OFFICE USE ONLY	•		
of the office. If the attested by a Muncip	person is not a Gove	rnment servant, he azetted Officer in the	cation certified by the Head should get his application town or any other class of
	from other state / cirissued by the previous		should attach cacellation /
(i) The application shou	ld be filled in neatly wh	nile applying for a new	w distribution card.
INST	RUCTIONS FOR FILL	ING IN THE APPLIC	CATION
Date			Signature of receipt
Date			Cignotive of receipt
when distribution card w	ill be issued if the appl	ication is found in orc	der.
This acknowledgment sh	ould be produced on	at	
Serial No.	lame of the applicant		
	Receipt of the a	application form	
Signature of the Certifyin attesting Officer along w designation with seal			
•	at the information gi	wen above is correc	ι;
12. The applicant is th			
			ature/Thumb impression of applicant along with date
the name of the	se persons are not ento	·	er cards anywhere in India
-	-		ally residing with me and