



**GOVERNMENT OF SIKKIM - DEPARTMENT OF FOOD & CIVIL SUPPLIES  
APPLICATION FORM FOR RATION CARD**

Application No.\* : E / W / N / S

Application Date.\* :

Card Type.\* : **AAY** **PHH** **OPHH(G)** **OPHH(S)** **NPH**

Old Ration Card No. :

Name of Fair Price Shop.\* :

FPS ID :

**ADDRESS**

Census House No. \*

GPU/ MC/Nagar Palika\*

Ward Name/Municipal Ward/Nagar Palika\*

Town/Village\*

Constituency\*

Sub-Division\*

District\* **NORTH** **SOUTH** **EAST** **WEST**

State\*

**A. HEAD OF THE FAMILY**

1. Name of HOF (Head of the Family) : Miss/Mr./Mrs.

2. Date of Birth.\* :

3. Gender.\* : **FEMALE** **MALE** **TRANSGENDER** **NON-BINARY** **OTHERS**

4. Caste Category :

5. Marital Status : **Unmarried** **Married** **Widowed** **Divorced** **Single Mother**

6. Disability if any : \_\_\_\_\_

7. Voter ID No. :

8. Aadhar No./U.I.D. :

9. Phone No. :

10. Bank Name. : \_\_\_\_\_

11. Account No. : \_\_\_\_\_ Branch : \_\_\_\_\_

12. Occupation \* : **Unemployed** **Self-employed** **Pvt. Sector.** **Govt. Sector** **Others**

**13. If employed**

i. Name of Department: \_\_\_\_\_  
/Firm

ii. Designation : \_\_\_\_\_ Place of Posting : \_\_\_\_\_

iii. Total Annual Income(in Rs.)\* : \_\_\_\_\_

**B. Any one of the following documents to be submitted along with Ration Card form of each individual.**

SSC	COI	PARCHA	SURRENDERED CERTIFICATE	VOTERS ID	BIRTH CERTIFICATE (for below 18 years applicant)
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**C.**

a) LPG consumer no. : \_\_\_\_\_

b) No. Of LPG cylinders : 

Single	Double
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c) Name of Distributor : 

STCS	ESS ELL PEE GEE	KRIPA INDANE	KAMALA INDANE	NSKY INDANE	NAYUMA INDANE
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**[\* Photocopy of 1<sup>st</sup> page of LPG book to be submitted]**

**D. Electricity Consumer No. : \_\_\_\_\_**

**[\* Photocopy of Electricity bill to be submitted]**

**All of the above information provided and submitted by me is correct. If any information is found false, I am aware that my Ration Card shall be automatically canceled.**

**Dated: .....**

**Signature of the Applicant  
(Head of the Family)**

**For any wrong presentation of any information provided, the applicant shall be held responsible and he/she will not be issued with a Ration Card.**

**Dated: .....**

**Issuing Authority  
Food & Civil Supplies Department  
Government of Sikkim**

**E. APPLICATION FORM FOR RATION CARD FOR DEPENDENTS FOR 5 YEARS & ABOVE**

1. Name of Member: Miss/Mr./Mrs.	:	<input type="text"/>	<input type="text"/>
2. Relationship with Head of the Family	:	<input type="text"/>	
3. Date of Birth.*	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4. Gender.*	:	<input type="text"/> FEMALE <input type="text"/> MALE <input type="text"/> TRANSGENDER <input type="text"/> NON-BINARY <input type="text"/> OTHERS	
5. Caste Category	:	<input type="text"/>	
6. Marital Status	:	<input type="text"/> Unmarried <input type="text"/> Married <input type="text"/> Widowed <input type="text"/> Divorced <input type="text"/> Single Mother	
7. Disability if any	:	_____	
8. Voter ID No.	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9. Aadhar No./U.I.D.	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
10. Phone No.	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
11. Bank Name.	:	_____ :	
12. Account No.	:	_____ Branch : _____	
13. Occupation *	:	<input type="text"/> Unemployed <input type="text"/> Self-employed <input type="text"/> Pvt. Sector. <input type="text"/> Govt. Sector <input type="text"/> Others	
<b>14. If employed</b>			
i. Name of Department:	:	_____	
/Firm			
ii. Designation	:	_____ Place of Posting : _____	
iii. Total Annual Income(in Rs.)*	:	_____	

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