



**CHANDIGARH ADMINISTRATION
DEPARTMENT OF FOOD & SUPPLY**



**CHANDIGARH ADMINISTRATION
FOOD AND SUPPLIES DEPARTMENT U.T., CHANDIGARH**

Form B.P.L D-1

(FILL IN THE PARTICULARS IN BLOCK LETTERS)

Do you possess Ration Card? Yes/No

PARTICULARS OF DISTRIBUTIONS CARD IN POSSESSION OF THE APPLICANT

Card No. _____ Sr. No. _____ Date of Issue _____

Total units of Distributions Card _____ Fair Price Shop where Regd. With _____
Registration No. _____

1. Full name of the applicant

2. Father's/Husband's name _____ Sector/Village/Colony _____ Chandigarh

3.(i) Complete Residential Address i.e House no.

3 (ii) Old Address House no. _____ Sector/Village/Colony _____ Chandigarh

3 (iii) Place from where shifted to _____ Address _____ Date _____
Chandigarh with date

4. Are you living in –

(i) Kacha/Pacca House/Tenement _____

(ii) Jhuggi Jhopri Colony _____

(iii) Labour Colony _____

(iv) Since when are you living _____

5. Occupation and Address of the Office/Place

Of business/work



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6. Are you working as- [() whichever is applicable]
- (i) Landless Agricultural Labourer []
- (ii) Potter []
- (iii) Weaver []
- (iv) Blacksmith []
- (v) Carpenter []
- (vi) Collie []
- (vii) Rickshaw Puller []
- (viii) Hand Cart Puller []
- (ix) Fruit/vegetable/Flower Seller/Hawker at pavement []
- (x) Any other trade []

7. Annual family income from all sources

8. Whether belongs to {Please () whichever is applicable} –

- (i) Schedule caste (ii) Schedule tribe

DECLARATION

I, the above named applicant, do hereby solemnly affirm and declare that the above information given by me is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Signature or thumb-impression of the applicant with date

RECOMMENDATION BY THE COUNCIL/SARPANCH

Certified that I have satisfied myself that the information given is correct and I have checked that the applicant does not possess any property including moveable property like Refrigerator, Television, Moped etc. and that he is below the Poverty line.

Recommended for the issue of TARGETTED PUBLIC DISTRIBUTION CARD

Place:

Date: Signature of the Councilors/Sarpanch(Seal)

WARNING: APPLICANT GIVING FALSE INFORMATION AND PERSON ATTESTING THE APPLICATION FORM WRONG WILL RENDER THEMSELVES LIABLE TO CRIMINAL ACTION AS PROVIDED UNDER THE ESSENTIAL COMMODITIES ACT, 1955



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(Detail of family members for below Poverty Line card)

**Passport size
family group
photograph**

9. Full particulars of the persons for whom BPL card is required.

Sr.No	Name (in Block letters)	Age	Father's/Husband name	Relationship with the applicant

Signature or thumb impression of the applicant



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FOR OFFICE USE ONLY (Not to be filled by the applicant)

Verified today..... and contacted Shri/Smt.....
head of the family/other member neighbourer, holder of Consumer Card No.....
Registered with the Fair Price Shop No.....

The particulars given in the application have been verified by me and found to be correct.
Recommended for issue of TARGETED PUBLIC DISTRIBUTION
CARD/AUTHORISED CARD. _____

The application is not verified on Account of the following reasons/discrepancies noticed
1..... 2.....

Signature of the Inspector with date and Seal by Name

On the basis of the recommendation of the concerned Councilors/Sarpanch and
verification report of Inspector Food and Supplies/Gr.II, Ration Card/Authorization Card
Sr. No..... Issued under the Targeted Public Distribution System
Scheme.

Signature of the Inspector with date and Seal by Name

AUTHORITY

I hereby authorize Shri/Smt..... Who is
an adult member of my family to receive the consumer card on my behalf.

Signature/thumb-impression of the Applicant/head
Of the family/Card Holder.