



ఆంధ్ర ప్రదేశ్ ప్రభుత్వం

# MEMBER DELETION RICE CARD APPLICATION FORM

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Download Form

Full Name:

Aadhaar Number :

Father/Husband Name :

Gender :  Male  Female  Transgender Date of Birth : [DD/MM/YYYY]

Caste :  BC  SC  ST  OC Sub Caste :

Religion : Qualification :

Marital Status :  Married  Divorced  Un Married  Widow  Single Women[Married]

Mobile No : Is This WhatsApp No :  Yes  No

**Address**

Door No / Street : Postal Village : Post Office :  
 PIN Code : Secretariat Name :  
 Mandal / Municipality : District :

Family Annual income : Occupation :

Habitation Name : Rice Card No :

## Delete Member Details

SNo	Name	Relation	Deletion Type	Migration Type & Reason
			<input type="checkbox"/> Death <input type="checkbox"/> Migration	<input type="checkbox"/> Outside State <input type="checkbox"/> Marriage <input type="checkbox"/> Study <input type="checkbox"/> Outside Country <input type="checkbox"/> Job <input type="checkbox"/> Other
			<input type="checkbox"/> Death <input type="checkbox"/> Migration	<input type="checkbox"/> Outside State <input type="checkbox"/> Marriage <input type="checkbox"/> Study <input type="checkbox"/> Outside Country <input type="checkbox"/> Job <input type="checkbox"/> Other
			<input type="checkbox"/> Death <input type="checkbox"/> Migration	<input type="checkbox"/> Outside State <input type="checkbox"/> Marriage <input type="checkbox"/> Study <input type="checkbox"/> Outside Country <input type="checkbox"/> Job <input type="checkbox"/> Other
			<input type="checkbox"/> Death <input type="checkbox"/> Migration	<input type="checkbox"/> Outside State <input type="checkbox"/> Marriage <input type="checkbox"/> Study <input type="checkbox"/> Outside Country <input type="checkbox"/> Job <input type="checkbox"/> Other

Specify Other Migration Reason :

Attachments:

- Aadhaar Card Xerox
- Supporting Document

Applicant Sign / LTI