



# RICE CARD DETAILS CHANGE

## APPLICATION FORM



Download Form

ఆంధ్ర ప్రదేశ్ ప్రభుత్వం

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Applicant 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

Family Annual income : Occupation :

Habitation Name : Rice Card No :

### If Address Change Fill This

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

### If Details Change Fill This

| SNo | Full Name | Date Of Birth | Relation With HOF |
|-----|-----------|---------------|-------------------|
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|     |           |               |                   |

Attachments:

- Supporting Documents
- Aadhaar Card

Applicant Sign / LTI