

# GOVERNMENT OF WEST BENGAL

FORM R.O. 2

## Application for change and correction in Ration Cards

(Fill in the relevant columns only)

I, ....., age.....of (Address).....  
.....Sub-area....., apply for the following changes and  
corrections in the Ration Card/Cards of which the particulars are given below:

Changes/Corrections applied for:

(1) Address—From.....to.....

(2) Ration Shop—From.....to.....

(3) Age/Name—From.....to.....

(4) Head of Family—From.....to.....

who is a member of my family and stays with me.

Reason for changes.....  
.....

### Particulars of Ration Cards

Name of Holder	Ration Card No.	Area Index	Shop No.		Folio No.	
			Food	Cloth	Food	Cloth

.....  
*Signature or left thumb impression of the Applicant*

### FORM R.O. 2 (Counterfoil)

Name of Applicant.....

Address.....

(Letter of authority when the applicant cannot take delivery in person.)

I do hereby authorise.....of (Address).....  
.....to receive the relevant Ration Cards and sign receipt thereof  
on my behalf at my own risk and responsibility.

Dated.....

.....  
*Signature or left thumb impression of the Applicant*

Filed on .....

.....D.....

Serial No. ....

In case of transfer to an employer's shop

In case of change of head of family

Certified that.....  
.....is an employee of.....  
.....and the Ration Cards detailed  
overleaf can be registered with our Shop No. ....

I, .....  
agree to the proposed change.

.....  
*Signature of Manager*

.....  
*Signature or left thumb impression of the proposed  
new head of family*

Report of Enquiry Officer.....  
.....  
.....

Order of the Rationing Officer.....

Action taken

.....  
*Signature of the Dealing Clerk*

Received the following Cards and the transfer slip (if any):

.....  
*Signature of the Applicant/Agent*

.....  
*Signature of the Delivery Officer*

Intimation sent to shops.

.....  
*Signature of the Dealing Clerk*

**FORM R.O. 2 (Counterfoil)**

Filed on.....

Serial No. ....

This counterfoil should be produced in this office on.....when a reply will be given.

Dated.....  
SPL-1162/99-60,000 copies

.....  
*Rationing Officer*