



ఆంధ్ర ప్రదేశ్ ప్రభుత్వం

RICE CARD DETAILS CHANGE APPLICATION FORM

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

Attachments:

- ☐ Supporting Documents
☐ Aadhaar Card

Applicant Sign / LTI