SI.	No.	

## 'FORM-F' [See clause 10(1)]

## FOOD, CIVIL SUPPLIES & CONSUMER AFFAIRS DEPARTMENT GOVERNMENT OF HIMACHAL PRADESH

1. City/Town/Village/Panchayat 2. Whether new or duplicate with reasons 3. Name of house-owner  4. Name of the House (with house No.)  5. Name of the applicant  6. Full address with occupation & designation  7. Date/reason of arrival of in the distribution area  8. Total monthly income of family from all sources (with allowances for employees of the Govt./Semi-Govt. Departments/Corporations, Boards etc.)  9. Gas connections: Yes No Consumer No.  Yes No 10. Particulars of family members for which consumer card is required:-  Name of the applicant and other members of the family living with	App	lication for Co	onsumer Card:					
3. Name of the House (with house No.)  5. Name of the applicant.  6. Full address with occupation & designation  7. Date/reason of arrival of in the distribution area  8. Total monthly income of family from all sources (with allowances for employees of the Govt./Semi-Govt. Departments/Corporations, Boards etc.)  9. Gas connections: Yes No Consumer No.  10. Particulars of family members for which consumer card is required:-    Name of the applicant and other members of the family living with the applicant   1	1.	1. City/Town/Village/Panchayat						
4. Name of the House (with house No.)  5. Name of the applicant. Father/Husband  6. Full address with occupation & designation  7. Date/reason of arrival of in the distribution area  8. Total monthly income of family from all sources (with allowances for employees of the Govt./Semi-Govt. Departments/Corporations, Boards etc.)  9. Gas connections: Yes No Consumer No. Yes No  10. Particulars of family members for which consumer card is required:-    Name of the applicant the applicant the applicant the applicant of departure    1	2.	Whether new o						
5. Name of the applicant. Father/Husband 6. Full address with occupation & designation 7. Date/reason of arrival of in the distribution area 8. Total monthly income of family from all sources (with allowances for employees of the Govt./Semi-Govt. Departments/Corporations, Boards etc.) 9. Gas connections: Yes No Consumer No. DBC:  10. Particulars of family members for which consumer card is required:-    Name of the applicant and other members of the family living with the applicant   Age   Place and State from where came with date of departure	3.	Name of house						
5. Name of the applicant. Father/Husband 6. Full address with occupation & designation 7. Date/reason of arrival of in the distribution area 8. Total monthly income of family from all sources (with allowances for employees of the Govt./Semi-Govt. Departments/Corporations, Boards etc.) 9. Gas connections: Yes No Consumer No. DBC:  10. Particulars of family members for which consumer card is required:-    Name of the applicant and other members of the family living with the applicant   Age   Place and State from where came with date of departure								
6. Full address with occupation & designation  7. Date/reason of arrival of in the distribution area  8. Total monthly income of family from all sources (with allowances for employees of the Govt./Semi-Govt. Departments/Corporations, Boards etc.)  9. Gas connections: Yes No Consumer No. Yes No No Consumer No.  10. Particulars of family members for which consumer card is required:-  Name of the applicant and other members of the family living with the applicant  1 2 3 4 5  1 2 3 4 5  1 2 3 4 5  1 2 3 4 5  1 5 6  7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	4.	Name of the Ho	ouse (with house No.	)				
7. Date/reason of arrival of in the distribution area  8. Total monthly income of family from all sources (with allowances for employees of the Govt./Semi-Govt. Departments/Corporations, Boards etc.)  9. Gas connections: Yes No Consumer No. Yes No Age Place and State from where care of the applicant and other members of the family living with the applicant  1 2 3 4 5  1 2 3 4 5  1 2 3 4 5  1 5 6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	5.	Name of the ap	pplicant.	Father/H	usband			
8. Total monthly income of family from all sources (with allowances for employees of the Govt./Semi-Govt. Departments/Corporations, Boards etc.)  9. Gas connections: Yes No Consumer No. Yes No Ape No Place and State from where came with date of departure living with the applicant and other members of the family living with the applicant applicant and other members of the family living with the applicant applicant applicant and other members of the family living with the applicant applicant applicant applicant and other members of the family living with the applicant app	6.	5. Full address with occupation & designation						
(with allowances for employees of the Govt./Semi-Govt.  Departments/Corporations, Boards etc.)  9. Gas connections: Yes No Consumer No.  Yes No No Consumer No.  Name of the applicant and other members of the family living with the applicant  1 2 3 4 5  1 2 3 4 5  1 2 3 4 5  1 5 6 6 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	7.	Date/reason of	arrival of in the distr	ibution area				
9. Gas connections: Yes No Consumer No.  10. Particulars of family members for which consumer card is required:-    Name of the applicant and other members of the family living with the applicant   1	(	(with allowances for employees of the Govt./Semi-Govt.						
applicant and other members of the family living with the applicant  1 2 3 4 5  1 2 3 4 5  1 2 3 4 5  1 5 5 6 6 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		Yes No No						
1       2       3       4       5         1	ap oth of livi	plicant and ner members the family ng with the	Relationship with the applicant	Occupation	Age	from where came with date		
2       3         3       3         4       4         5       4         6       5         7       5         8       6         9       6		_	2	3	4	5		
3       ————————————————————————————————————	1					<u> </u>		
4       —								
5       —					+	+		
6								
7       8       9						+		
8 9					1	+		
9						1		

		the application f	<u> </u>	
Serial No	Name of the applic			
	Igment should be produced on card will be issued if the		at [ I in order.	
Date.			Signature	of receipt
11. I do hereby	y solemnly affirm and state	that :		
(a) the info	ormation given in this form	is true ;		
	of the persons mentioned in mes of these persons are er			Army,
Hostel/ Boarding I	of the person mentioned in arding House neither their House/Hostel. Myself or i Single/Double Cylinder.	names are entered i	in the ration cards is:	sued for the
			Signature/Thumb in the applicant along	
	icant is the head of ; I hereby certify that			
			Signature of the Ce attesting Officer alo designation with sea	ng with
	INSTRUCTIONS FOR	FILLING IN THE A	APPLICATION	
(i) The applica	ation should be filled in neat	tly while applying fo	r a new distribution c	ard.
	ns coming from other state certificate issued by the pre			acellation /
Head of the application	icant is a Government ser he office. If the person attested by a Muncipal Co of persons specially or gen	is not a Governme omissioner or a Gaz	ent servant, he sho cetted Officer in the t	uld get his
	FOR O	FFICE USE ONLY		
Enquiry report	FOR O	FFICE USE ONLY		

Adults	Children	Infants	Total Members
		(Inspector, Food, C	nquiry Officer with Seal ivil Supplies & Consumer chayat Vikas Adhikari).
Code No. of the Consum	ner Card.	Serial No	
Dated.		Signature of card p	oreparing Officer/Official.