## GOVERNMENT OF TAMIL NADU CIVIL SUPPLIES AND CONSUMER PROTECTION DEPARTMENT APPLICATION FOR PROOF-OF-RESIDENCE FAMILY CARD

ZONE/TALUK			Application	No (Con	nputer ge	nerate	ed)	
Signature (or) Thumb Impression of Applicant  Note: Application should be filled up in black ink					н	-	of of Fa	
1. Applicant's Name								
Name (English)								
2.Father's / Husband's Name	· <del>-</del>							
Name (English)								
3. a. Full Address:	b. Year fro	m which livi	ing in this	addres	s:			
Telephone: Mobile:			email:	L	,			
4. Details of family members (write head of family	first):							
SI.No Name Date of birth Sex Na	ationality Re	elationship P	Profession	Monthly (In F	Income Rs.)	ldent Numl	ity C ber	Photo ard 18 years)
1								
2								
3								
5								
6								
7		<u> </u>						
8								
9								
10								

Applicants are advised to collect an acknowledgement slip with serial number after submission of application in the Taluk or Zonal office. Accepted applications with necessary documents as above will be approved by TSO or AC concerned and card delivered within 7 days of application received by RPAD/Courier

		•
	Please tick ( )	Document ID No.
1	Voter Identity Card	
2	Pass Port	
3	Front page of Bank Passbook	

5 Proof of residence: Enclose copy of any one document below as proof of residence (Applicant's name and

**6. Certificate:** If certify that I and my family members listed in this application are indian citizens. I also cerify that me or members of my family listed above do not find place in any family/ration cards issued by any State Government in India. The above particulars are true to my knowledge. If it comes to notice at a later date that particulars given by me are either wrong or contrary to truth, I am aware that the proof -of- residence family card issued to me will be cancelled and action pursued against me under Essential Commodities Act (Act 10 of Central Act),1955. I am aware that Proof of residence family card cannot be converted into a regular family card in future. I am aware that I shall have to pay Rs.100 along with this application form and this amount will not be refunded if the application is found ineligible. Place:

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address must appear in the document)

Medical Insurance Identity Card

Driving Licence

Mobile / Landline Bill

Signature of Head of Family

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District Code	District Headquarter ?	District Headquarter ?		No		Local Body Name	
Taluk Code	LPG:	Oil Company					
Place Code		Cylinders				Local Body Grade: VP / TP / Mplty / Corporation	
Area Code		Dealer					
Ward Code	Card Option: PROOF	-OF-RESIDEN	CE FAN	IILY CAR	D	தணிக்கை ஆய்வாளர் பெயர்:	
Shop Code	Income (Monthly)						
Street Code	Category	Civil	Forest	Police	AAY	உதவி அணையர் / வட்ட வழங்க	
Pin Code	Old Family Card No:					அலுவலர் பெயர்:	
தணிக்கை ஆய்வாளர்	<b>ஆய்வுக்கு</b> றிப்பு						
						கையொப்பம்	
≂ தை <b>அணை</b> ⊓ய ∖ தா	ட வழங்கல் அலுவலர் ஆணை:						
						கையொப்பம்	

We welcome you to look record your feedback about services provided by TSO / AC office concerned at our website: WWW.consumer.tn.gov.in