

Ration Card and Member Personal details

RCID :- 272006622288

Application No: R15897356617

Personal & professional details

Member name (LL)\*  
बालासाहेब मारोतराव लोखंडे

Spouse's Name (LL)  
सरस्वती

Father's Name (LL) \*  
बालाजी

Mother's Name (LL) \*

Gender \*  
MALE

Age (Yrs) \*  
55

Mobile No.  
NA

Nationality  
Indian

Occupation details

Occupation\*  
FARMER/ZAMINDAR

Birth Certificate

Document Type \*  
--Select--

Document Issue Date \*  
dd/MM/yyyy

MNREGA

MNREGA Status \*  
--Select--

Critical Illness

Any Critical Illness?  
☒ Yes ☐ No

Critical Illness Type \*  
--Select--

Caste Category

Caste Category \*  
--Select--

Disability Details

Any Disability?  
☒ Yes ☐ No

Disability Type \*  
☐ Acid Attack Victim  
☐ Autism Spectrum Disorder  
☐ Blindness  
☐ Cerebral Palsy

Percentage option(%) \*  
(For Example:30%,40% ....100%)

Special Category

Special Category \*  
--Select--

Bank Details

Bank Name  
--Select Bank--

District  
Parbhani[513]

Bank A/C No.

Photograph of Members

Choose File No file chosen

Member name (EN) \*  
BALASAHEB MAROTRAO LOKH.

Spouse's Name (EN)  
SARSVTI

Father's Name (EN) \*  
BALAJI

Mother's Name (EN) \*

Relationship with head \*  
HUSBAND-पती

Date of Birth  
12/08/1969 (dd/mm/yyyy)

UID No.  
4828/5817/9632 eg. (1234/5678/9123)

Ration Lifting Eligibility  
Yes

Total Annual income(in Rs.) \*  
0

Document Number \*

Upload Birth Certificate  
Choose File No file chosen

Note\* : File Type:.pdf, File Size: upto 200 kb

☒ Critical Illness Since ☐ Critical Illness By Birth

Critical Illness Since \*  
--Select--

Upload Caste Certificate  
Choose File No file chosen

Note\* : File Type:.pdf, File Size: upto 200 kb

☒ Disability Since ☐ Disability By Birth

Disability Since \*  
--Select--

Upload Certificate of Disability (Issued by CMO) \*

Disability Due To \*  
--Select--

Choose File No file chosen

Note\* : File Type:.pdf, File Size: upto 200 kb

State  
MAHARASHTRA

Branch Name  
--Select Branch--

IFSC Code

Ration Card and Member Personal details

RCID :- 272006622288

Application No: R15897356617

Personal & professional details

Member name (LL)\*सरस्वती बालासाहेब लोखंडे

Spouse's Name (LL)BALAJI

Father's Name (LL) \*

Mother's Name (LL) \*लकब

Gender \*FEMALE

Age (Yrs) \*43

Mobile No.NA

NationalityIndian

Occupation details

Occupation\*HOUSE WIFE

Birth Certificate

Document Type \*--Select--

Document Issue Date \*dd/MM/yyyy

MNREGA

MNREGA Status \*--Select--

Critical Illness

Any Critical Illness?

Yes

No

Critical Illness Type \*--Select--

Caste Category

Caste Category \*--Select--

Disability Details

Any Disability?

Yes

No

Disability Type \*

Acid Attack Victim

Autism Spectrum Disorder

Blindness

Cerebral Palsy

Percentage option(%) \* (For Example:30%,40% ....100%)

Special Category

Special Category \*--Select--

Bank Details

Bank NameSTATE BANK OF HYDER...

DistrictParbhani[513]

Bank A/C No.62293641200

Photograph of Members

Choose File No file chosen

Member name (EN) \*SARASWATI BALASAHEB LOKH.

Spouse's Name (EN)BALAJI

Father's Name (EN) \*

Mother's Name (EN) \*TCB

Relationship with head \*SELF-स्वतः

Date of Birth01/01/1982 (dd/mm/yyyy)

UID No.7471/8223/9008 eg. (1234/5678/9123)

Ration Lifting EligibilityYes

Total Annual income(in Rs.) \*15000

Document Number \*

Upload Birth CertificateChoose File No file chosen

Note\* : File Type:.pdf, File Size: upto 200 kb

Critical Illness Since

Critical Illness By Birth

Critical Illness Since \*--Select--

Upload Caste CertificateChoose File No file chosen

Note\* : File Type:.pdf, File Size: upto 200 kb

Disability Since

Disability By Birth

Disability Since \*--Select--

Upload Certificate of Disability (Issued by CMO) \*

Disability Due To \*--Select--

Choose File No file chosen

Note\* : File Type:.pdf, File Size: upto 200 kb

StateMAHARASHTRA

Branch NamePALAM [SBHY0020306]

IFSC CodeSBHY0020306

Ration Card and Member Personal details

RCID :- 272006622288

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Personal & professional details

Member name (LL)\*

रूपाली बाळासाहेब लोखंडे

Spouse's Name (LL)

Father's Name (LL) \*

बालाजी

Mother's Name (LL) \*

Gender \*

FEMALE

Age (Yrs) \*

22

Mobile No.

NA

Nationality

Indian

Occupation details

Occupation\*

NOT AVAILABLE

Birth Certificate

Document Type \*

--Select--

Document Issue Date \*

dd/MM/yyyy

MNREGA

MNREGA Status \*

--Select--

Critical Illness

Any Critical Illness?

☒ Yes

☐ No

Critical Illness Type \*

--Select--

Caste Category

Caste Category \*

--Select--

Disability Details

Any Disability?

☒ Yes

☐ No

Disability Type \*

☐ Acid Attack Victim

☐ Autism Spectrum Disorder

☐ Blindness

☐ Cerebral Palsy

Percentage option(%) \*

(For Example:30%,40% ....100%)

Special Category

Special Category \*

--Select--

Bank Details

Bank Name

--Select Bank--

District

Parbhani[513]

Bank A/C No.

Photograph of Members

Choose File

No file chosen

Member name (EN) \*

RUPALI BALASAHEB LOKHANDI

Spouse's Name (EN)

Father's Name (EN) \*

BALAJI

Mother's Name (EN) \*

Relationship with head \*

DAUGHTER-मुलगी

Date of Birth

14/08/2002

(dd/mm/yyyy)

UID No.

6445/0674/5984

eg. (1234/5678/9123)

Ration Lifting Eligibility

Yes

Total Annual income(in Rs.) \*

0

Document Number \*

Upload Birth Certificate

Choose File

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☒ Critical Illness Since

☐ Critical Illness By Birth

Critical Illness Since \*

--Select--

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Disability Since \*

--Select--

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State

MAHARASHTRA

Branch Name

--Select Branch--

IFSC Code

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Member name (LL)\*

विष्णु बालासाहेब लोखंडे

Spouse's Name (LL)

Father's Name (LL) \*

Mother's Name (LL) \*

Gender \*

MALE

Age (Yrs) \*

20

Mobile No.

NA

Nationality

Indian

Occupation details

Occupation\*

HOUSE WIFE

Birth Certificate

Document Type \*

--Select--

Document Issue Date \*

dd/MM/yyyy

MNREGA

MNREGA Status \*

--Select--

Critical Illness

Any Critical Illness?

☒ Yes

☐ No

Critical Illness Type \*

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Caste Category

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Disability Details

Any Disability?

☒ Yes

☐ No

Disability Type \*

☐ Acid Attack Victim

☐ Autism Spectrum Disorder

☐ Blindness

☐ Cerebral Palsy

Percentage option(%) \* (For Example:30%,40% ....100%)

Special Category

Special Category \*

--Select--

Bank Details

Bank Name

--Select Bank--

District

Parbhani[513]

Bank A/C No.

Photograph of Members

Choose File No file chosen

Member name (EN) \*

VISHNU BALASAHEB LOKHAND

Spouse's Name (EN)

Father's Name (EN) \*

Mother's Name (EN) \*

Relationship with head \*

SON-पुत्र

Date of Birth

18/04/2005

 (dd/mm/yyyy)

UID No.

9636/4695/0222

 eg. (1234/5678/9123)

Ration Lifting Eligibility

Yes

Total Annual income(in Rs.) \*

0

Document Number \*

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☒ Critical Illness Since

☐ Critical Illness By Birth

Critical Illness Since \*

--Select--

Upload Caste Certificate

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☐ Disability By Birth

Disability Since \*

--Select--

Upload Certificate of Disability (Issued by CMO) \*

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--Select--

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State

MAHARASHTRA

Branch Name

--Select Branch--

IFSC Code