

Family Level Data Collection Form for Annapurna Yojana

Each Section has clear fields, tick/checkbox options, and instructions. Each checkbox and field is carefully labeled for clarity. Instructions guide the applicant and verifying officials. Filling up of all fields are mandatory.

Section / Field	Options / Input	Instructions	
A. Family Identity		(Mark <input checked="" type="checkbox"/> if true)	
1. Name of Head of Family (HOF)	_____ (Enter Full Name)	(As per Aadhaar or official ID)	
2. Date of Birth of Head of Family (HOF)	_____ <DD-MM-YYYY>		
3. Gender of Head of Family (HOF)	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		
4. Aadhaar of Head of Family (HOF)			
5. Household ID of Digital Ration Card, if any.			
6. No. of family members		(number only)	
7. Address	_____ _____ _____	(Permanent Address)	
8. Contact No.		(Preferably Aadhaar linked mobile no. of HOF)	
9. Name, DOB, Gender, Relation with Head of Family, Aadhaar (of all family members)	HOF:	<input type="checkbox"/> Yes	(For children below 5 years of age, NA may be written where adhaar is not available)
	Member 1: Name: _____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No. _____	<input type="checkbox"/> Yes	
	Member 2: Name: _____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No.: _____	<input type="checkbox"/> Yes	
	Member 3: Name: _____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No.: _____	<input type="checkbox"/> Yes	
Member 4:		<input type="checkbox"/> Yes	

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	Name: _____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No.: _____ Member 5: Name: _____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No.: _____	<input type="checkbox"/> Yes
10. Bank Accounts of HOF and all adult family members (for cash transfer)	HOF BANK. _____ A/C No.: _____ IFSC _____ Member 1 BANK _____ A/C No.: _____ IFSC _____ Member 2 BANK _____ A/C No.: _____ IFSC _____ Member 3 Bank _____ A/C No.: _____ IFSC _____ Member 4 BANK. _____ A/C No.: _____ IFSC _____ Member 5 BANK. _____ A/C No.: _____ IFSC _____	(Aadhaar linked Bank accounts for DBT credit)
11. EPIC (HOF and all adult members) with Part Nos. of Electoral Roll	HOF EPIC No. _____, AC & Part No.: _____ Member 1 EPIC No. _____ AC & Part No.: _____; Member2 EPIC No. _____ AC & Part No.: _____;	

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	Member3 EPIC No. _____ AC & Part No.: _____; Member4 EPIC No. _____ AC & Part No.: _____; Member5 EPIC No. _____ AC & Part No.: _____;	
12. Category	<input type="checkbox"/> UR <input type="checkbox"/> UR-EWS <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PVTG	(Necessary Certificates like Caste Certificate, EWS Certificate, Creamy Layer Certificate, etc. as applicable)
B. Ration Card / Food Subsidy		(Mark <input checked="" type="checkbox"/> if true)
1. Do you have a Digital Ration Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If Yes, indicate type of card:	<input type="checkbox"/> AAY <input type="checkbox"/> PHH <input type="checkbox"/> SPHH <input type="checkbox"/> <input type="checkbox"/> RKS1 <input type="checkbox"/> RKS2 <input type="checkbox"/> Non-subsidized	
3. Whether family is lifting monthly ration from the Ration Shop	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Assets		(Mark <input checked="" type="checkbox"/> if true)
1. House size: Does your house have ≥ 3 pucca rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Whether your family owns any land	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Registration records, Mutation copy of Latest RoR Land records with date of updation of RoR)
3. Size of total landholding of family members (in decimals)	_____ decimals	(Registration Records, Latest RoR Land records)
4. Vehicles: Do any member own a motorized non-commercial 4-wheeler?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify no of vehicle: _____ Vehicle Registration No. _____	(Include cars, jeeps, tractors) If yes, model: _____
5. Status of Health Insurance coverage family member wise	<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes Govt or private with sum assured and premium details HoF: <input type="checkbox"/> Government <input type="checkbox"/> Private Premium: Sum Assured: Member1: <input type="checkbox"/> Government <input type="checkbox"/> Private Premium: Sum Assured: Member2: <input type="checkbox"/> Government <input type="checkbox"/> Private Premium: Sum Assured: Member3: <input type="checkbox"/> Government <input type="checkbox"/> Private Premium: Sum Assured: Member4: <input type="checkbox"/> Government <input type="checkbox"/> Private	

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	Premium: Sum Assured: Member5: <input type="checkbox"/> Government <input type="checkbox"/> Private Premium: Sum Assured:	
D. Income/Profession		
1. Does any member pay Income Tax or Professional Tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. PAN Card of family members (If available)	<input type="checkbox"/> Yes (If yes, specify Name and PAN No.) <input type="checkbox"/> No HoF: _____ PAN : _____ Member 1: _____ PAN : _____ Member 2: _____ PAN : _____ Member 3: _____ PAN . _____ Member 4: _____ PAN . _____ Member 5: _____ PAN	
3. Nature of employment	HOF: _____ <input type="checkbox"/> Government Sector <input type="checkbox"/> Salaried, in Private Sector <input type="checkbox"/> Formal Sector Self-Employed (Entrepreneur/Business/ Proprietor/etc.) <input type="checkbox"/> Part-time job <input type="checkbox"/> Informal Sector Self-Employed (Artisan/Craftsman/Farmer/etc.) <input type="checkbox"/> Migrant Labourer <input type="checkbox"/> Unemployed <input type="checkbox"/> Others Member1: _____ <input type="checkbox"/> Government Sector <input type="checkbox"/> Salaried, in Private Sector <input type="checkbox"/> Formal Sector Self-Employed (Entrepreneur/Business/ Proprietor/etc.) <input type="checkbox"/> Part-time job <input type="checkbox"/> Informal Sector Self-Employed (Artisan/Craftsman/Farmer/etc.) <input type="checkbox"/> Migrant Labourer <input type="checkbox"/> Unemployed <input type="checkbox"/> Others Member 2: _____ <input type="checkbox"/> Government Sector <input type="checkbox"/> Salaried, in Private Sector <input type="checkbox"/> Formal Sector Self-Employed (Entrepreneur/Business/ Proprietor/etc.) <input type="checkbox"/> Part-time job <input type="checkbox"/> Informal Sector Self-Employed (Artisan/Craftsman/Farmer/etc.) <input type="checkbox"/> Migrant Labourer <input type="checkbox"/> Unemployed <input type="checkbox"/> Others Member 3: _____ <input type="checkbox"/> Government Sector <input type="checkbox"/> Salaried, in Private Sector <input type="checkbox"/> Formal Sector Self-Employed (Entrepreneur/Business/ Proprietor/etc.) <input type="checkbox"/> Part-time job <input type="checkbox"/> Informal Sector Self-	(Choose most appropriate box, can tick on multiple options). (Provide necessary supporting documents if available/ self-declaration)

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	<p>Employed (Artisan/Craftsman/Farmer/etc.) <input type="checkbox"/></p> <p>Migrant Labourer <input type="checkbox"/> Unemployed <input type="checkbox"/></p> <p>Others</p> <p>Member 4: _____</p> <p><input type="checkbox"/> Government Sector <input type="checkbox"/> Salaried, in Private Sector <input type="checkbox"/> Formal Sector Self-Employed (Entrepreneur/Business/ Proprietor/etc.) <input type="checkbox"/></p> <p>Part-time job <input type="checkbox"/> Informal Sector Self-Employed (Artisan/Craftsman/Farmer/etc.) <input type="checkbox"/></p> <p>Migrant Labourer <input type="checkbox"/> Unemployed <input type="checkbox"/></p> <p>Others</p> <p>Member 5: _____</p> <p><input type="checkbox"/> Government Sector <input type="checkbox"/> Salaried, in Private Sector <input type="checkbox"/> Formal Sector Self-Employed (Entrepreneur/Business/ Proprietor/etc.) <input type="checkbox"/></p> <p>Part-time job <input type="checkbox"/> Informal Sector Self-Employed (Artisan/Craftsman/Farmer/etc.) <input type="checkbox"/></p> <p>Migrant Labourer <input type="checkbox"/> Unemployed <input type="checkbox"/></p> <p>Others</p>	
<p>4. No. of literate adult family members, and no. of illiterate adult family members</p>	<p>_____ literate adult members</p> <p>_____ illiterate adult members</p> <p>HOF: _____</p> <p><input type="checkbox"/> Literate</p> <p><input type="checkbox"/> Illiterate</p> <p>Highest qualification :</p> <p>Member 1: _____</p> <p><input type="checkbox"/> Literate</p> <p><input type="checkbox"/> Illiterate</p> <p>Highest qualification :</p> <p>Member 2: _____</p> <p><input type="checkbox"/> Literate</p> <p><input type="checkbox"/> Illiterate</p> <p>Highest qualification :</p> <p>Member 3: _____</p> <p><input type="checkbox"/> Literate</p> <p><input type="checkbox"/> Illiterate</p> <p>Highest qualification :</p> <p>Member 4: _____</p> <p><input type="checkbox"/> Literate</p> <p><input type="checkbox"/> Illiterate</p> <p>Highest qualification :</p> <p>Member 5: _____</p> <p><input type="checkbox"/> Literate</p>	<p>Highest Educational Qualifications may be provided of all literate Adult Family members</p>

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	<input type="checkbox"/> Illiterate Highest qualification : _____	
5. Is any member(s) a former/current holder of any constitutional posts, ministers, MPs, MLAs, urban local bodies and panchayat local bodies	<input type="checkbox"/> Yes <input type="checkbox"/> No Member no. who was holding the position _____ _____	(Provide necessary supporting documents if available/ self-declaration)
6. Is any member a government pensioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No Member no. who is a government pensioner _____ _____	(If yes, attach pension slip)
7. Is any member registered under GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, GSTIN: _____)
8. Total annual family income (INR):	Rs. _____ (in digits)	
E. Other Identity Documents		
1. CAA Application Status, if any	HOF: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applied, if yes, Application No..... <input type="checkbox"/> Issued, if yes, Certificate No..... Member 1: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applied, if yes, Application No..... <input type="checkbox"/> Issued, if yes, Certificate No..... Member 2: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applied, if yes, Application No..... <input type="checkbox"/> Issued, if yes, Certificate No..... Member 3: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applied, if yes, Application No..... <input type="checkbox"/> Issued, if yes, Certificate No..... Member 4: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applied, if yes, Application No..... <input type="checkbox"/> Issued, if yes, Certificate No..... Member 5: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applied, if yes, Application No..... <input type="checkbox"/> Issued, if yes, Certificate No.....	

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2. Others (like KCC, KCC ARD, Artisan Credit Card, MJCC, Student CC, etc.)	HOF: _____ No. of ID _____ Date of issue _____ Member1: _____ No. of ID _____ Date of issue _____ Member2: _____ No. of ID _____ Date of issue _____ Member3: _____ No. of ID _____ Date of issue _____ Member4: _____ No. of ID _____ Date of issue _____ Member5: _____ No. of ID _____ Date of issue _____	(Provide details of issuing authority)
3. If Deleted in SIR 2026, whether case pending in Tribunal	HOF: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> NO <input type="checkbox"/> Yes, If yes case details _____ Member1: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> NO <input type="checkbox"/> Yes, If yes case details _____ Member 2: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> NO <input type="checkbox"/> Yes, If yes case details _____ Member 3: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> NO <input type="checkbox"/> Yes, If yes case details _____ Member 4: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> NO <input type="checkbox"/> Yes, If yes case details _____ Member 5: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> NO <input type="checkbox"/> Yes, If yes case details _____	

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F. Social Status and Dependents		
1. Details of all children in the family attending school:	<p>Member no. Name of child 1: Grade: School Name: Type: <input type="checkbox"/> Govt / Govt Aided / Sponsored School <input type="checkbox"/> Private School <input type="checkbox"/> Recognized Madrasah <input type="checkbox"/> Other Madrasah <input type="checkbox"/> Others _____</p> <p>Member no. Name of child 2: Grade: School Name: Type: <input type="checkbox"/> Govt / Govt Aided / Sponsored School <input type="checkbox"/> Private School <input type="checkbox"/> Recognized Madrasah <input type="checkbox"/> Other Madrasah <input type="checkbox"/> Others _____</p> <p>Member no. Name of child 3: Grade: School Name: Type: <input type="checkbox"/> Govt / Govt Aided / Sponsored School <input type="checkbox"/> Private School <input type="checkbox"/> Recognized Madrasah <input type="checkbox"/> Other Madrasah <input type="checkbox"/> Others _____</p> <p>Member no. Name of child 4: Grade: School Name: Type: <input type="checkbox"/> Govt / Govt Aided / Sponsored School <input type="checkbox"/> Private School <input type="checkbox"/> Recognized Madrasah <input type="checkbox"/> Other Madrasah <input type="checkbox"/> Others _____</p>	<p>If type of school is "Others," please specify details (like Open Schooling, Home Schooling, etc.)</p>
2. Children's vaccination status.	<p>Child 1: <input type="checkbox"/> Yes, vaccination started /completed</p>	<p>If Yes Vaccination Card ID,</p>

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	<input type="checkbox"/> Not vaccinated Child 2: <input type="checkbox"/> Yes, vaccination started /completed <input type="checkbox"/> Not vaccinated Child 3: <input type="checkbox"/> Yes, vaccination started /completed <input type="checkbox"/> Not vaccinated Child 4: <input type="checkbox"/> Yes, vaccination started /completed <input type="checkbox"/> Not vaccinated	(If no, last vaccination date/ reason for skip)
G. Benefits under government schemes		
1. Are you receiving any benefits under Government Schemes through DBT?	HOF: <input type="checkbox"/> Yes <input type="checkbox"/> No Scheme: 1. 2. 3. 4. 5. Member 1: <input type="checkbox"/> Yes <input type="checkbox"/> No Scheme: 1. 2. 3. 4. 5. Member 2: <input type="checkbox"/> Yes <input type="checkbox"/> No Scheme: 1. 2. 3. 4. 5. Member 3: <input type="checkbox"/> Yes <input type="checkbox"/> No Scheme: 1. 2. 3. 4. 5. Member 4: <input type="checkbox"/> Yes <input type="checkbox"/> No Scheme: 1. 2. 3.	(Specify name of scheme, if Yes)

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	4. 5. Member 5: <input type="checkbox"/> Yes <input type="checkbox"/> No Scheme: 1. 2. 3. 4. 5.	
2. If excluded, reasons (to be filled by officer):		
H. Declaration & Consent		
I hereby declare that above information is true to the best of my knowledge and I have provided all the supporting documents where applicable and HAVE NOT missed any criteria as mentioned above. I understand that my social protection benefits will be stopped if any information provided by me turns out to be false.	<input type="checkbox"/> Agree ----- (Signature)	(This form is subject to verification.)

****Note: ‘Family’ is defined as a group of persons who normally live together and take their meals from a common kitchen.”**

(End of form)

For official use

Enquiry Report on Family Level Data Collection Form for Annapurna Yojana

I have verified the application submitted bys/o/d/o,, Village/Town....., GP....., Block/ Municipality....., District.....

I have found the application and information provided therein to be correct.

Or

The following information submitted by the applicant are found not to be correct.

(Please mention relevant Section and point)

I hereby recommend the application for acceptance/ rejection.

Date

Signature

Place

Name

Designation

Government of West Bengal