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 ☑ 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)	☐ M ☐ F ☐ 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: Member1: Name: _____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No._____ Member 2: Name: _____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No.: _____ Member 3: Name: _____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No.: _____ Member 4:	Applying for Annapurna Yojana ☐ Yes ☐ Yes ☐ Yes ☐ Yes	(For children below 5 years of age, NA may be written where adhaar is not available)

Section / Field	Options / Input	Instructions
	Name:_____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No.: _____ Member 5: Name: _____ DOB: _____ Gender: _____ Relation with Head of Family: _____ Aadhaar No.: _____	☐ 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.: _____;	

Section / Field	Options / Input	Instructions
	Member3 EPIC No. _____ AC & Part No.: _____; Member4 EPIC No. _____ AC & Part No.: _____; Member5 EPIC No. _____ AC & Part No.: _____;	
12. Category	☐ UR ☐ UR-EWS ☐ SC ☐ ST ☐ OBC ☐ PVTG	(Necessary Certificates like Caste Certificate, EWS Certificate, Creamy Layer Certificate, etc. as applicable)
B. Ration Card / Food Subsidy		(Mark ☑ if true)
1. Do you have a Digital Ration Card?	☐ Yes ☐ No	
2. If Yes, indicate type of card:	☐ AAY ☐ PHH ☐ SPHH ☐ RKSY1 ☐ RKSY2 ☐ Non-subsidized	
3. Whether family is lifting monthly ration from the Ration Shop	☐ Yes ☐ No	
C. Assets		(Mark ☑ if true)
1. House size: Does your house have ≥3 pucca rooms?	☐ Yes ☐ No	
2. Whether your family owns any land	☐ Yes ☐ 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?	☐ Yes ☐ 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	☐ No ☐ Yes, If yes Govt or private with sum assured and premium details HoF: ☐ Government ☐ Private Premium: Sum Assured: Member1: ☐ Government ☐ Private Premium: Sum Assured: Member2: ☐ Government ☐ Private Premium: Sum Assured: Member3: ☐ Government ☐ Private Premium: Sum Assured: Member4: ☐ Government ☐ Private	

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

Section / Field	Options / Input	Instructions
	Employed (Artisan/Craftsman/Farmer/etc.) ☐ Migrant Labourer ☐ Unemployed ☐ Others Member 4: _____ ☐ Government Sector ☐ Salaried, in Private Sector ☐ Formal Sector Self-Employed (Entrepreneur/Business/ Proprietor/etc.) ☐ Part-time job ☐ Informal Sector Self-Employed (Artisan/Craftsman/Farmer/etc.) ☐ Migrant Labourer ☐ Unemployed ☐ Others Member 5: _____ ☐ Government Sector ☐ Salaried, in Private Sector ☐ Formal Sector Self-Employed (Entrepreneur/Business/ Proprietor/etc.) ☐ Part-time job ☐ Informal Sector Self-Employed (Artisan/Craftsman/Farmer/etc.) ☐ Migrant Labourer ☐ Unemployed ☐ Others	
4. No. of literate adult family members, and no. of illiterate adult family members	_____ literate adult members _____ illiterate adult members HOF: _____ ☐ Literate ☐ Illiterate Highest qualification : Member1: _____ ☐ Literate ☐ Illiterate Highest qualification : Member 2: _____ ☐ Literate ☐ Illiterate Highest qualification : Member 3: _____ ☐ Literate ☐ Illiterate Highest qualification : Member 4: _____ ☐ Literate ☐ Illiterate Highest qualification : Member 5: _____ ☐ Literate	Highest Educational Qualifications may be provided of all literate Adult Family members

Section / Field	Options / Input	Instructions
	☐ 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	☐ Yes ☐ No Member no. who was holding the position _____ _____ _____	(Provide necessary supporting documents if available/ self-declaration)
6. Is any member a government pensioner?	☐ Yes ☐ No Member no. who is a government pensioner _____ _____	(If yes, attach pension slip)
7. Is any member registered under GST?	☐ Yes ☐ No	(If yes, GSTIN: _____)
8. Total annual family income (INR):	Rs. _____ (in digits)	
E. Other Identity Documents		
1. CAA Application Status, if any	HOF: _____ ☐ Not Applicable ☐ Applied, if yes, Application No…… ☐ Issued, if yes, Certificate No…… Member1: _____ ☐ Not Applicable ☐ Applied, if yes, Application No…… ☐ Issued, if yes, Certificate No…… Member 2:_____ ☐ Not Applicable ☐ Applied, if yes, Application No…… ☐ Issued, if yes, Certificate No…… Member 3: _____ ☐ Not Applicable ☐ Applied, if yes, Application No…… ☐ Issued, if yes, Certificate No…… Member 4: _____ ☐ Not Applicable ☐ Applied, if yes, Application No…… ☐ Issued, if yes, Certificate No…… Member 5: _____ ☐ Not Applicable ☐ Applied, if yes, Application No…… ☐ Issued, if yes, Certificate No……	

Section / Field	Options / Input	Instructions
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: _____ ☐ Not Applicable ☐ NO ☐ Yes, If yes case details_____ Member1: _____ ☐ Not Applicable ☐ NO ☐ Yes, If yes case details_____ Member 2: _____ ☐ Not Applicable ☐ NO ☐ Yes, If yes case details_____ Member 3: _____ ☐ Not Applicable ☐ NO ☐ Yes, If yes case details_____ Member 4: _____ ☐ Not Applicable ☐ NO ☐ Yes, If yes case details_____ Member 5: _____ ☐ Not Applicable ☐ NO ☐ Yes, If yes case details_____	

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

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<tr><td></td><td>☐ Not vaccinated

Child 2:
☐ Yes, vaccination started /completed
☐ Not vaccinated

Child 3:
☐ Yes, vaccination started /completed
☐ Not vaccinated

Child 4:
☐ Yes, vaccination started /completed
☐ Not vaccinated</td><td>(If no, last vaccination date/ reason for skip)</td></tr>
<tr><td>G. Benefits under government schemes</td><td></td><td></td></tr>
<tr><td>1. Are you receiving any benefits under Government Schemes through DBT?</td><td>HOF: ☐ Yes ☐ No
Scheme:
<table>
<tr><th></th><th>Scheme</th><th>Opt out of scheme</th></tr>
<tr><td>1</td><td></td><td>☐ Yes</td></tr>
<tr><td>2</td><td></td><td>☐ Yes</td></tr>
<tr><td>3</td><td></td><td>☐ Yes</td></tr>
<tr><td>4</td><td></td><td>☐ Yes</td></tr>
<tr><td>5</td><td></td><td>☐ Yes</td></tr>
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Member 1: ☐ Yes ☐ No
Scheme:
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<tr><th>Name of Scheme</th><th>Opt out of scheme</th></tr>
<tr><td>1</td><td>☐ Yes</td></tr>
<tr><td>2</td><td>☐ Yes</td></tr>
<tr><td>3</td><td>☐ Yes</td></tr>
<tr><td>4</td><td>☐ Yes</td></tr>
<tr><td>5</td><td>☐ Yes</td></tr>
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Member 2: ☐ Yes ☐ No
Scheme:
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<tr><td>2</td><td></td><td>☐ Yes</td></tr>
<tr><td>3</td><td></td><td>☐ Yes</td></tr>
<tr><td>4</td><td></td><td>☐ Yes</td></tr>
<tr><td>5</td><td></td><td>☐ Yes</td></tr>
</table>
Member 3: ☐ Yes ☐ No
Scheme:</td><td>(Specify name of scheme, if Yes)
(For opting out of the scheme, checkbox should be marked)</td></tr>
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<tr><td>5</td><td></td><td>☐ Yes</td></tr>
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Member 4: ☐ Yes ☐ No
Scheme:
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<tr><td>2</td><td></td><td>☐ Yes</td></tr>
<tr><td>3</td><td></td><td>☐ Yes</td></tr>
<tr><td>4</td><td></td><td>☐ Yes</td></tr>
<tr><td>5</td><td></td><td>☐ Yes</td></tr>
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Member 5: ☐ Yes ☐ No
Scheme:
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<tr><td>3</td><td></td><td>☐ Yes</td></tr>
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<tr><td>5</td><td></td><td>☐ Yes</td></tr>
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</td><td></td></tr>
<tr><td>2. If excluded, reasons (to be filled by officer):</td><td></td><td></td></tr>
<tr><td>H. Declaration & Consent</td><td></td><td></td></tr>
<tr><td>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.</td><td>☐ Agree

----
(Signature)</td><td>(This form is subject to verification.)</td></tr>
</table>

***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 by ……s/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

Place

Signature

Name

Designation