

(5) Every authorised agent shall be liable for departmental action or prosecution, or both, as the case may be, for the contravention of the provisions of the Order and the Regulations made thereunder or of any instructions, directions or Orders issued under any such provisions or condition of the authorisation issued to him.

(6) Every authorised agent intending to stop the work of distribution of rationed foodgrains shall not resort to sudden closure of his business or activities, but shall give 90 days previous notice to the Controller of Rationing to enable him to make alternate arrangements for supplying rationed foodgrains to the ration shops and establishments.®

*19. Fees for ration cards and other documents supplied by Government.—

Fees shall be charged at the following rates.—

	Rs.
†(i) (a) Household ration card (Permanent)	2.00
(b) Renewal of further validation of Household ration card (Permanent)	1.00
(c) Household ration card (Temporary)	Nil
(d) Heavy Manual Labourer ration card	0.50†
(ii) Establishment Ration card	1.00
(iii) Duplicate in place of lost/stolen/torn or defaced Household ration card (Permanent or temporary)/ Heavy Manual Labourer Ration card.	3.00
(iv) Duplicate in place of lost/stolen/torn/or defaced Establishment Ration Card.	10.00
(v) Authorisation	5.00
(v) Renewal of authorisation	2.00
(vi) Duplicate authorisation	10.00*

— Substituted *vide* G. O. No. ECA. 2271/11201-F, dated 24.7.1971.

†—† Substituted *vide* G. O. No. ECA. 2276/220/XXIII, dated 20th March 1976.

* *Note* :

† Provided that, no such fees shall be charged for the issue of any duplicate ration card, if the Rationing Officer is satisfied that the original ration card was lost, torn or defaced on account of fire, flood or other natural calamity or is required to be produced in a Court or for purposes of evidence before any person holding an inquiry or is required to be retained for official correspondence or the duplicate ration card is required to be issued on account of some mistake on the part of the issuing Office.†

*—*Note deleted *vide* G. O. No. ECA. 2273/22092/F, dated 14.9.1973.

†—†Proviso added *vide* G. O. No. ECA. 2269/F, dated 12.11.1969.

FORM—I

Serial No.

Area : ‡Rationing Area

Code No.

Region :

Registration No.

Zone :

APPLICATION FOR HOUSEHOLD RATION CARD

(To be filled in by the Head of Household)

- Warning* :
1. Any false statement made and known to be such would be punishable.
 2. The card is liable to be cancelled if any information given in the application is found to be incorrect.
 3. If full details are not furnished in the form it will not be accepted.

1. Applicant's name in full #
(in block capital letters and beginning with surname).

‡—‡Here mention the name of the rationing area.

#—#Word 'Age' deleted *vide* G. O. No. ECA-2268-F, dated 18th January 1969.

II. *

Name (s) of the applicant and other person (s)* who normally reside (s) with the applicant as member (s) of the Household (excluding domestic servant)	Relationship with the applicant †(To be filled in against Serial No. 2 and onwards)†	Age	Occupation intend—	Period stay in Rationing area	Whether Heavy Manual Labourer
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

(Attach list if necessary).

— Substituted *vide* G. O. No. ECA-2268/F, dated 18th January 1969.†—† Inserted *vide* G. O. No. ECA-2268-F, dated 18th January 1969.

III. Full address—

Name of the Building (if any) Municipal
 House No./ Plot No./Survey No. Flat/Room No.
 Floor No. Name of the Road/by-Road/by-Lane
 Village Postal District

IV. Applicant's occupation (in detail)—

Whether Heavy Manual Labourer Category
 If Heavy Manual Labourer, the name and address of the employer ...

V. I declare that I possess Household Foodgrains Distribution Card
 bearing Serial Number Code No.
 sanctioned for units, and that all the statements made
 by me are true to the best of my knowledge and belief.

VI. I shall allow enquiry to be made, with respect of the contents of
 this application and with respect to the Card for which I have
 applied. I know that such a Card is Government property and I shall
 surrender it when demanded either by the Controller of Rationing or
 any other Officer empowered by him.

No. of Authorised Ration Shop preferred

Date

Signature/Thumb impression of
 applicant.

Verified and found correct.

.....
 Rationing Inspector/Enumerator.

..... Cut here

FORM-I

Counterfoil

**(Preserve this carefully, otherwise issue of Card
may be delayed)**

AREA.—*Rationing Area Verified on.
Code No. Name of the applicant
. Registration No. to be produced
on
Date for Controller of Rationing*Inspector.

INSPECTOR'S VERIFICATION REMARKS : Correct Code No.
. Verified all items Contacted Shri
included in the application and also neighbour Shri
. holding Card No. and found
correct. Employer contacted for verification as Heavy Manual
Labourer. Please issue Ration Card for adult(s)
. and children. Heavy Manual
Worker(s) Date

Rationing Inspector/Enumerator.

ORDERS OF THE RATIONING OFFICER/ASSISTANT RATIONING OFFICER

ISSUE RATION CARD FOR Adult
Heavy Manual Labourer Children (Total Units
.) Permanent/Temporary (from
to).

Rationing Officer/
Assistant Rationing Officer.

Date

*Here mention the name of the rationing area.

Serial Number of Household Ration Card issued

Units sanctioned

Received the above Ration Card on

.
Signature of the Applicant.

I hereby authorise Shri included
in the application to receive the Card on my behalf.

Date
Signature of the Applicant.

FORM I-A

**APPLICATION FOR HEAVY MANUAL LABOURER
INDIVIDUAL RATION CARD**

Rationing Area :

Application Serial No.

PARTICULARS REGARDING HOUSEHOLD RATION CARD EITHER IN THE NAME OF THE
WORKER OR IN WHICH THE NAME OF THE WORKER IS INCLUDED

Application No.

Sr. No. of Household Card

Code No.

Head of Household

Age Full Address

Relationship of the worker with the head of Household

Signature or left hand thumb impression of the Head of House-
hold

PARTICULARS FOR THE HEAVY MANUAL LABOURER INDIVIDUAL RATION CARD

Name of the Heavy Manual Labourer
 age
 Full address
 Nature of heavy manual work done (occupation)
 Name of the Employer
 Address of the Employer
 Name of the Registered Trade Union and its Registration No.
 of which the worker is a member, if any
 ()

.
 Signature or left hand thumb
 impression of the Worker.

Date

.
 Signature of the Employer
 or his representative
 over his designation rubber stamp.

Date

Name and Address of the Authorised Ration shop where the Household Ration Card either standing in the name of the worker or in which the name of the worker is included, is registered	Authorised [*] Ration Shop No.	Reference No.	Date of Registration
(1)	(2)	(3)	(4)

Name and Address of the Authorised Ration shop where the Heavy Manual Labourer Individual Ration card is registered	Authorised Ration Shop No.	Reference No.	Date of Registration
(1)	(2)	(3)	(4)

N. B.—The information in the last two columns to be filled in afterwards.

..... *Cut here*

Application Serial No.

Counterfoil

(Preserve this carefully, otherwise issue of Card may be delayed)

AREA.—*Rationing Area Verified on

Code No. Name of the applicant

..... Registration No. to be produced

on Inspector

Date *for* Controller of Rationing .

..... Rationing Area

FORM-II

APPLICATION FOR ESTABLISHMENT RATION CARD

Serial No.

Establishment Code No.

Area : *Rationing Area Registration No.

(To be filled in by the Manager or owner or person-in-charge of Establishment)

* Here mention the name of the rationing area.

- I. Warnings :**
1. Any false statement made and known to be such would be punishable.
 2. The permit is liable to be cancelled if any information given in the application is found to be incorrect.
 3. If full details are not furnished in the form it will not be accepted.

Applicant's full name
 (In block capital letters and beginning with surname.)

..... Age

II. (a) Name of the establishment

(b) Description of
 Establishment, i. e., Eating House, Bhatyarkhana, Rice Plate Shop, Restaurant, Idli Dosa Shop, Puri Parotha Shop, Tea Shop, Residential Establishment, School/College Hostel, Mess, Orphanage, Residential Hotel, Running/Restaurant, General Hospital, Maternity Home, Industrial Canteen Serving Meals and/or Snacks, etc.

(Strike off whatever are not applicable.)

III. Full Address.—

Name of the building (if any)
 Municipal House No./Plot No./Survey No.
 Flat/Room No. Floor No.
 Name of the Road/by-Road/by-Lane
 Village Postal District

IV. Name and address of person-in-charge.....

V. Name and No. of the licences held.—

- (1) Municipal
- (2) Police
- (3) Shops and Establishment Licence

VI. (a) Number of permanent residents in the Establishment (excluding servants)

(b) Average No. of servants for last three months (including Bharwalas)

(c) Number of casual visitors

VII. Names of preparations normally available in the Establishment made of Rationed articles itemwise list attached

VIII. Monthly average of rationed articles purchased during last three months itemwise

IX. Name and address of wholesaler or retail dealer from whom or mill or manufacturing Establishment from which supplies of foodgrains were obtained

X. Quantity of each rationed article required for the Establishment for four weeks.—

[In Quintals and Kilograms (not including rations for servants.)]

(1) Rice	(4)
(2) Wheat	(5)
(3) Sugar	(6)

XI. I declare that I do not possess an establishment Ration card nor have I separately applied for it and that none of the persons in VI (a) and (b) above has been included in any application for any Household Ration Card or for any Establishment Ration Card and that all the above statements are to the best of my knowledge and belief, correct.

XII. I shall allow enquiry to be made with respect to the contents of this application and with respect to the Card for which I have applied. I know that such a Card is Government property and I shall surrender it when demanded by the Controller of Rationing or any other Officer empowered by him.

Date

.
Signature of applicant.

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FORM II.

(Counterfoil)

Serial No.

(Preserve this carefully otherwise issue of Card may be delayed.)

Code No.

Area : *

Rationing Area.

Registration No.

Name of the applicant

To be produced on for the Establishment
Ration Card.

Date
For Controller of Rationing.

INSPECTOR'S VERIFICATION REMARKS.—Verified all items, checked

Code list as per item VI (a), seen Muster Roll Account Books and
all Licences.

Contracted the owner/person in-charge Shri

Units based on Residents
servants may be sanctioned.

Date
Rationing Inspector.

*Here mention the name of the rationing area.

ORDERS OF THE RATIONING OFFICERS :—

Issue establishment Ration Card for—

	Units
(1) Permanent Residents	_____
(2) Casual Residents	_____
Total Units	_____

Date

Rationing Officer.

Serial No. of Establishment Ration Card Issue

Units sanctioned

Received the above Card on

Signature of the applicant.

ADDITIONS AND ALTERATIONS:

I hereby authorise Shri

Date

Signature or left hand thumb
impression of applicant.

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FORM III

HOUSEHOLD RATION CARD



सत्यमेव जयते

GOVERNMENT OF MAHARASHTRA

**CONTROLLER OF RATIONING
*RATIONING AREA**

*Here mention the name of the Rationing Area.

HOUSEHOLD RATION CARD***RATIONING AREA**

Application No. Sr. No.
 Code No.
 Head of Household
 Age
 Full address

 . Signature or left hand thumb impression
 of the Head of Household

No. of units	Signature of the Rationing officer	No. of units	Signature of the Rationing Officer

Date of Issue

Signature of the Rationing Officer

 Controller of Rationing
 *Rationing Area.

By order and in the name of the Governor of Maharashtra.

M. N. HEBLE,
 Secretary to the Government of Maharashtra,
 Food and Civil Supplies Department.

*Here mention the name of the rationing area.

* FORTNIGHTS *

1986

Year		1986											
Month	January		February		March		April		May		June		
Fortnight	1	2	1	2	1	2	1	2	1	2	1	2	
Rice													
Wheat													
Levy Sugar													
Edible Oils													
Jowar													

Year		1986											
Month	July		August		September		October		November		December		
Fortnight	1	2	1	2	1	2	1	2	1	2	1	2	
Rice													
Wheat													
Levy Sugar													
Edible Oils													
Jowar													

— Substituted vide G. O. No. SAVIVYA 1086/232/CR 4698/XXVIII, dt. 10.9.86.

RENEWAL/VERIFICATION

Date	Name and designation of the Officer	Signature

Name and address of Authorised Ration Shop (1)	Authorised R. S. No. (2)	Reference No. (3)	Date of Registration (4)	Signature of A. R. S. K. (5)

NAMES OF THE PERSONS INCLUDED IN THIS CARD

Sr. No.	Name	Age	Relation- ship	Addl. quota if any	Initial of R. O.
1					
2					
3					
4					
5					

NAMES OF THE PERSONS INCLUDED IN THIS CARD—contd.

Sr. No.	Name	Age	Relation- ship	Addl. quota if any	Initial of R. O.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

NAMES OF THE PERSONS INCLUDED IN THIS CARD—contd.

Sr. No.	Name	Age	Relation- ship	Addl. quota If any	Initial of R. O.
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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FORM IV



GOVERNMENT OF MAHARASHTRA
TEMPORARY HOUSEHOLD RATION CARD

Serial No. of application

Card Sr.

Code No.

Head of Household :

Age :

Full address :

Signature or thumb

Impression of Cardholder

No. of units	Signature of the Rationing officer	No. of units	Signature of the Rationing Officer

Date of Issue

* Rationing Officer

Controller of Rationing

*Rationing Area.

By order and in the name of the Governor of Maharashtra,

M. N. HEBLE,
Secretary to Government of Maharashtra,
Food and Civil Supplies Department.

*Here mention the name of the Rationing Area.

* FORTNIGHTS *

Year		1986											
Month	January		February		March		April		May		June		
Fortnight	1	2	1	2	1	2	1	2	1	2	1	2	
Rice													
Wheat													
Levy Sugar													
Edible Oil													
Jowar													

Year		1986											
Month	July		August		September		October		November		December		
Fortnight	1	2	1	2	1	2	1	2	1	2	1	2	
Rice													
Wheat													
Levy Sugar													
Edible Oil													
Jowar													

— Substituted vide G. O. No. SAVIYA 1086/232/CR 4698/XXVIII, dt. 10.9.86.

NAMES OF THE PERSONS INCLUDED IN THIS CARD

Sr. No. (1)	Name (2)	Age (3)	Relation- ship (4)	Addl. quota if any (5)	Initial of. R. O. (6)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Name and address of Authorised Ration Shop (1)	Authorised R. S. No. (2)	Reference No. (3)	Date of Registration (4)	Signature of A. R. S. K. (5)

Signature of Rationing
Authority.

Valid from to

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

FORM IV-A

Ration Card for Heavy Manual Labourer in Rationing Area



GOVERNMENT OF MAHARASHTRA

1. Heavy Manual Labourer Application No.
2. Heavy Manual Labourer Card Serial No.
3. Code No.
4. Name
5. Age
6. Address
7. Nature of occupation
8. Household Ration Card No.
9. Code No.
10. Head of the Household
11. Relationship of Heavy Manual Labourer with head of Household
12. Authorised Ration Shop No. of Household Card
13. Reference No. of Household Card
14. Signature or thumb impression of the Holder, i. e.
Heavy Manual Labourer.
15. Employer (a) Name
(b) Address
16. Signature of Employer or his Representative over his designation
Thumb stamp.

	January	February	March	April	May	June
1986						
1987						
1988						
1989						
1990						
1991						

	July	August	September	October	November	December
1986						
1987						
1988						
1989						
1990						
1991						

Six monthly certificate by the Employer that the Heavy Manual Labourer is in service.

Signature of the Employer with
date and Rubber Stamp.

July 1986

Jan. 1986

July 1987

Jan. 1987

July 1989

Jan. 1989

July 1990

Jan. 1990

July 1991

Renewal/Verification

Date	Name and designation of the Officer	Signature and date
------	-------------------------------------	--------------------

Name and Address of Authorised Ration Shop where the Heavy Manual Labourer Card is Registered	Authorised Ration Shop No. of the Heavy Manual Labourer * Card	Reference No.	Date of Registration	Signature of the Authorised Shopkeeper
(1)	(2)	(3)	(4)	(5)



Date of issue

Signature of the Rationing Officer

Controller of Rationing Rationing Area.

By order and in the name of the Governor of Maharashtra.

M. N. HEBLE,

Secretary to the Government of Maharashtra,
Food and Civil Supplies Department.

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FORM V

ESTABLISHMENT RATION CARD



सत्यमेव जयते

GOVERNMENT OF MAHARASHTRA

**CONTROLLER OF RATIONING
*RATIONING AREA**

*Here mention name of the rationing area.

ESTABLISHMENT RATION CARD

Application No.

Sr. No.

Code No.

Name of establishment

Full Address

Name of the owner

Description of the Establishment

Signature of the owner of the person in charge

Date of Issue

Signature of Rationing Officer.

Controller of Rationing
*Rationing Area

By Order and in the name of the Governor of Maharashtra

M. N. HEBLE,
Secretary to the Government of Maharashtra,
Food and Civil Supplies Department.

*Here mention name of the rationing area.


* FORTNIGHTS *

Year		1986										
Month	January		February		March		April		May		June	
Fortnight	1	2	1	2	1	2	1	2	1	2	1	2
Rice												
Wheat												
Levy Sugar												
Edible Oils												
Jowar												

Year		1986										
Month	July		August		September		October		November		December	
Fortnight	1	2	1	2	1	2	1	2	1	2	1	2
Rice												
Wheat												
Levy Sugar												
Edible Oils												
Jowar												

— Substituted *vide* G. O. No. SAVIVYA 1086/232/CR 4698/XXVIII, dt. 10.9.86.

RENEWAL/VERIFICATION

Date	Name and designation of the Officer	Signature
		

Name of the A. R. S. and No.	Reference No.	Date of Registration	Signature of the A. R. S. K.

UNITS SANCTIONED

Permanent Resident Boarders	No. of Servants	Casual Visitors	Total Units	Signature of R. O.

UNITS SANCTIONED

Permanent Resident Boarders	No. of Servants	Casual Visitors	Total Units	Signature of R. O.

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FORM VI

RATION AUTHORITY

Valid for one week from the date of issue
(For Office)

Indent No. IDT

Date

Name

.....

..... (ARS No.)

is authorised to purchase :—

	Quintals	Kgs.
Wheat
Rice
Millet
Sugar

Controller of Rationing, * Rationing Area

Rationing Officer

Assistant Rationing Officer

*Here mention the name of the rationing area.

FORM VI

RATION AUTHORITY**Valid for one week from the date of issue***[For the ARS/Wholesaler/Inspector/Godown-keeper/Regional Director (Food), Bombay]*

Indent No. IDT

Date

Name

..... (ARS No.)

is authorised to purchase :—

	Quintals	Kgs.
Wheat
Rice
Millet
Sugar

Controller of Rationing.

Rationing Area

Rationing Officer

Assistant Rationing Officer

*Here mention the name of the rationing area.

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FORM VI

RATION AUTHORITY

Valid for one week from the date of issue
(For the Party)

Indent No. IDT

Date

Name

..... (ARS No.)

is authorised to purchase :—

	Quintals	Kgs.
Wheat
Rice
Millet
Sugar

Controller of Rationing

*

Rationing Area

Rationing Officer

Assistant Rationing Officer

*Here mention the name of the rationing area.

FORM VII



GOVERNMENT OF MAHARASHTRA
AUTHORISATION ISSUED UNDER THE MAHARASHTRA
FOODGRAINS RATIONING (SECOND) ORDER, 1966

(Under clause 3 of the Order)

(Liable to be cancelled, if transferred)

FOR RETAILERS

OFFICE OF THE CONTROLLER OF RATIONING,
GOVERNMENT OF MAHARASHTRA
*RATIONING AREA

DATE

Authorisation :—

A. R. S. No.

Name of the A. R. S.

Address of the A. R. S.

Name of the dealer in charge

Name/Names of the owner or partners or Secretary or Manager (in case of Firm, Co-operative Society or Company or Employer's shop) :—

(1) Shri

(2) Shri

(3) Shri

(4) Shri

(5) Shri

Address of the premises, if any, where the dealer is permitted to stock or store Rationed articles

The said retailer is hereby approved as an Authorised Ration Shop-keeper for the purpose of purchase, distribution and sale of Rationed Articles, which Government intends to supply or supplies, to the public at the controlled price.

*Here mention the name of the rationing area.

2. The authorisation is valid up to the 31st December of the year of issue and its validity may be extended from time to time.

3. The authorisation may be amended, *suspended, withdrawn or cancelled *during the period its validity in accordance with the provision of the order or any regulations made thereunder.

4. This authorisation should be displayed in a prominent place of the shop and produced for inspection when so required by an authorised officer of Government.

5. The authorisation is valid for the period specified on it. The holder of the authorisation should get it extended in due time by the Controller of Rationing, before the expiry of the validity period. †No authorised retailer shall carry on business in any Rationed Articles after the expiry of the validity period of the authorisation. Where any authorised retailer carried on such business after the expiry of the validity period of, his authorisation, he shall be deemed to have contravened the conditions of the Maharashtra Foodgrains Rationing (Second) Order, 1966 and shall be liable for departmental action, prosecution or both.†

6. This authorisation is not transferable.

7. If the authorisation is or is to be in the name of a firm, the firm name, the place or places of business of the firm and the name and residential address of each partner shall be furnished to the controller of Rationing, and whenever there is any change in the firm name, place of business or address of a partner, written intimation thereof shall be given to the Controller within seven days from the date on which such change take place. ‡If it is intended to admit a new partner or if any of the partners desire to retire, previous notice thereof shall be given to the Controller. If any new partner is admitted or if any of the partners dies or is expelled or otherwise ceases to be a partner, notice thereof also shall be given to the Controller, within seven days from the date on which the new partner is admitted or any existing partner ceases to be a partner. On receipt of any such notice or *suo-moto* after making such inquiry as may be deemed necessary, it shall

*—*Words, "Suspended, withdrawn or cancelled" substituted vide G. O. No. ECA-2275-D-XXIII, dated 24-12-1975.

†—†Added vide Govt. Regulations No. ECA-2275-D-XXIII, dated 20th June 1976.

‡—‡Substituted vide G. O. No. ECA-2268-26579-F, dated 2-7-1970.

be lawful for the State Government or the Controller or Rationing either to continue the Authorisation or, after giving an opportunity to be heard, to discontinue the same forthwith, if in its or his opinion, with the change in the constitution of the firm, the firm is not suitable to hold the authorisation.‡

8. If the concern in respect of which this Authorisation has been issued is to be transferred, sub-let or contracted to be run by any other person, the holder of the Authorisation shall apply to the Controller of Rationing for *getting* the Authorisation transferred to such other person. The Controller of Rationing is not bound to transfer the Authorisation to such person.

9. The said retailers shall comply with any direction that may be given to him by the controller in regard to purchase, sale or storage for sale of Rationed Articles and in regard to the maintenance of accounts, keeping of the registers, returns and issue of receipts †and the language in which they shall be written‡ and such other matters.

10. The holder of this authorisation shall be liable for departmental action, prosecution, or both as the case may be for any contravention of the provisions of the Order or any regulation made thereunder or any instructions, directives or Orders issued under any such provisions.

‡11. The said retailer, his partner, agent, servant and any other person acting on his behalf who is allowed to work in the shop, when in contract with the public general and the card-holders of his shop in particular, shall be courteous, polite and shall display a high sense of co-operation and service of the customers.‡

Controller of Rationing,
Government of Maharashtra,
*Rationing Area.

Date

Date	Signature	Date	Signature
Extended to	(1)	(4)	
	(2)	(5)	
	(3)	(6)	

*—*Here mention the name of the rationing area.

†—†Inserted *vide* G. O. No. ECA-2273-17566-F, dated 20-11-1973.

‡—‡Added *vide* Govt. Regulations No. ECA-2276-877-(422)-D-XXIII, dated 28th February 1977.

*FORM VII-A



GOVERNMENT OF MAHARASHTRA

AUTHORISATION ISSUED UNDER THE MAHARASHTRA
FOODGRAINS RATIONING (SECOND) ORDER, 1966

(Under clause 3 of the Order)
(Liable to be cancelled, if transferred)

FOR AUTHORISED AGENTS

OFFICE OF THE CONTROLLER OF RATIONING,
GOVERNMENT OF MAHARASHTRA
RATIONING AREA

Authorisation :—

Name of the authorised agent (business name)

 Address

Name (s) and address of the owner or partners or Secretary or
Manager (in case of Firm, Company, Co-operative Society etc.) :—

- (1) Shri (address)
 (2) Shri (address)
 (3) Shri (address)
 (4) Shri (address)

Address of the premises, where the authorised agent is permitted to
stock or store Rationed articles

The said agent is hereby approved as an authorised agent for the
purpose of purchase, storage and delivery of rationed articles, which
Government intends to supply or supplied, to his constituent ration
shops and establishments at controlled price.

*Form VII-A inserted vide G. O. No. ECA-2268-F, dated 17th June 1969.

2. The authorisation is valid for a period of two years from the date of issue, i.e. upto and its validity may be extended from time to time by endorsement.

3. The authorisation may be amended, †suspended, withdrawn or cancelled †during the period of its validity in accordance with the provisions of the Order or any Regulations made thereunder.

4. This authorisation should be displayed in a prominent place in the office of the authorised agent and produced for inspection when so required by an authorised officer of Government.

5. This authorisation is valid for the period specified in it. The authorised agent should get it extended in due time by the Controller of Rationing before the expiry of the validity period. ‡No authorised agent shall carry on business in any rationed article after the expiry of the validity period of his authorisation. Where any authorised agent carries on such business after the expiry of the validity period of his authorisation, he shall be deemed to have contravened this order and shall be liable for departmental action, prosecution or both. ‡

6. This authorisation is not transferrable.

7. If the authorisation is or is to be in the name of firm, company, co-operative society or association of persons, the name of the firm, company, co-operative society or association, its place or places of business, the names and residential address of the partners or office bearers in charge of the conduct of its business or affairs shall be furnished to the Controller of Rationing and whenever there is any change in information furnished to the Controller written intimation thereof shall be given to the Controller within seven days from the date on which such change takes place.

8. The authorised agent shall comply with any direction that may be given to him by the Controller of Rationing in regard to purchase, storage or supply of rationed articles, in respect of which he is an authorised agent and in regard to the maintenance of accounts, registers, submission of returns, issue of receipts and such other matters.

*—*Paragraph 2 substituted *vide* G. O. No. ECA-2269-36406-F, dated 18th August 1970.

†—†Words "suspended, withdrawn or cancelled" substituted *vide* G. O. No. ECA-2275-D-XXIII, dated 24th December 1975.

‡—‡ Added *vide* G. O. No. ECA-2275/D-XXIII, dated 29th June 1976.

9. The authorised agent shall be liable for departmental action prosecution, or both, as the case may be, for any contravention of the provisions of the Order or any regulations made thereunder or of any instructions, directions or orders issued under any such provisions.

Date

Controller of Rationing,
Government of Maharashtra,
* Rationing Area.

Date	Signature	Date	Signature
Extended to (1)		(4)	
(2)		(5)	
(3)			

* Here mention the name of the rationing area.

† FORM VII-B

Appointment of Agent

(See clause 10A)

To,

The Controller of Rationing,

..... Rationing Area.

I,
carrying on business as a dealers/an establishment in the name and
style of at
We carrying on business
in partnership as a dealer/an establishment in the firm name and style
of at
we, a Co-operative
Society registered or deemed to be registered under the Maharashtra
Co-operative Societies Act, 1960, and having its registered office
at and running an Authorised Ration Shop/

†—† Form VII-B inserted vide G. O. No. ECA 2268/F, dated 17-6-69.

Establishment No. at
 under Authorisation No.
 dated issued to do
 hereby (* jointly and each of us severally) nominate, constitute and
 appoint as the agent on my/our behalf to
 \$ execute and perform the following acts, \$ deeds, matters and things
 under the provisions of the Maharashtra Foodgrains Rationing (Second)
 Order, 1966 :—

(1) To prepare on my/our behalf indents for foodgrains, sugar and other commodities which the Controller of Rationing decides to distribute from time to time to the Authorised Ration Shops Establishments.

(2) On receipts of delivery/release order issued by Government to promptly take delivery after making payment therefor, on my/our behalf, and deliver the same to me/us.

(3) To demand, collect, recover and receive from Government, the amount due to me/us in respect of excess money, if any, paid for the price of the foodgrains, sugar and other commodities and/or the reimbursement by Government of any amount/s due to me/us from time to time in respect of my/our said indent for foodgrains, sugar and other commodities submitted by me/us or on my/our behalf to the Controller of Rationing as aforesaid and to give effectual receipts and discharges therefor on my/our behalf.

(4) To negotiate and settle for any amount whatsoever all my/our claims in respect of the foodgrains, sugar and other commodities supplied to me/us from time to time.

(5) Generally to do all other acts deeds things and matters as may be convenient for obtaining foodgrains, sugar and other commodities on my/our behalf and delivering the same to me/us.

Dated at the day of
 19

Signature.

Note.— *Words in brackets to be retained only in case of partnership firms.

\$—\$ Substituted *vide* G. O. No. ECA 2269/36406-F, dated 18-8-1970.

I/We hereby accept appointment as agent on the terms and conditions mentioned above.

Dated at on

Signature.

In the presence of:

(1)

(2)

Dated at on

\$ FORM VII-C \$

Revocation of appointment of Agent
(See clause 10A)

To,

The Controller of Rationing,
..... Rationing Area.

I, carrying on business as a dealer/an establishment in the name and style of at /We, carrying on business in partnership as a dealer/an establishment the firm, name and style of at /We, a Co-operative Society registered or deemed to be registered under the Maharashtra Co-operative Societies Act, 1960, and having its registered office at and running an Authorised Ration Shop/Establishment No. at under Authorisation No. dated the, issued to do hereby revoke the appointment of, as my/our agent for the purposes of the Maharashtra Foodgrains Rationing (Second) Order, 1966.

Dated at on the day of 199

Signature.

FORM VIII

RATIONING AREA

Area *

*Application for permanent increase in the units on
Household Ration Card*

CODE No. SERIAL No.

Warnings.— Any false statement made in this application and known to be such would be punishable.

I, age
(Name beginning with surname)

residing at
(Flat/Rom No.) (Name of Building) (Municipal House No.) (Road),
(Municipal Ward No.)

.
(Postal District)

apply for :—

I, Inclusion of the following names in my Ration Card No.
registered at Shop No. (Reference No.) :—

Name	Relationship with the applicant	Age	Occupation	Date of arrival	Probable period of further stay
(a)	(b)	(c)	(d)	(e)	(f)
(1)					
(2)					
(3)					
(4)					

* Here mention the name of the rationing area.

II. Additional units on my Ration Card No. registered at shop No. (Ref. Register No.), as the following children have attained the age of six years :—

Name	Relationship with the applicant.	Birth date
(a)	(b)	(c)
(1)		
(2)		
(3)		
(4)		

III. Additional units/rations of my Ration Card No. Registered in Ration Shop No. (Reference No.) as the following person (s) of my Household have become entitled for extra units/rations by reasons of his/her/their employment in the H. M. Work.

Name	Relationship	Category of H. M. Work	Name and address of Employer
(a)	(b)	(c)	(d)
(1)			
(2)			

IV. None of the persons mentioned above is included in any application for Household Ration Card or in any Household Ration Card or in any application for Establishment Ration Card, or in any Establishment Ration Card, except that child/children in paragraph II above has/have been included in my Ration Card.

V. I declare that all the above statements are, to the best of my knowledge and belief, correct.

Date

Signature or thumb impression
of the applicant.

FORM VIII

COUNTERFOIL

(Preserve this carefully ; if lost issue of Card will be delayed)

Area :*

Rationing Area :

CODE No.

SERIAL No.

To be produced on Received Ration Card No.
(Strike out if not required)

Date

For Controller of Rationing,

* Rationing Area.

* Here mention the name of the Rationing Area.

RATIONING INSPECTOR'S REPORT:—

- (1) Visited the premises on at
- (2) Correctness or otherwise of the information in the application form.

ORDERS OF ASSISTANT RATIONING OFFICER/RATIONING OFFICER:—

Inclusion of adults and children allowed.
Increase Number of units from to due
to children reaching age six/H. M. Work.

Total increase of units from to allowed.
.....

Received Ration Card No. Units

Date

Signature of the Applicant.

FORM IX

Area : * Rationing Area

APPLICATION FOR PERMANENT REDUCTION IN THE UNITS ON
HOUSEHOLD RATION CARD

CODE No. SERIAL No.

Warnings :—(1) Any false statement made and known to be such would be punishable.

(2) The card is liable to be cancelled if any information given in the application is found to be incorrect.

(3) Household Ration Card should be produced while submitting this form.

I, age
(Name beginning with surname)

residing at
(Flat/Room No.) (Name of Bldg.) (Municipal House No.) (Road) (Plot and Survey No.)

..... apply for exclusion of
(Municipal Ward No.) (Postal District)
the following persons from my Ration Card No.
registered at Shop No. (Reference Register
No.):

Name	Relationship with the applicant	Age	Occupation	Date of departure or death	In cases departure place
(a)	(b)	(c)	(d)	(e)	(f)
(1)
(2)
(3)

* Here mention the name of the rationing area.

II

Name	Relationship with the applicant	Name and address of Employer	Category of H. M. Work in which engaged	Date of ceasing to be H. M. L.
(a)	(b)	(c)	(d)	(e)
(1)
(2)

III. I, declare that all the above statements are, to the best of my knowledge and belief, correct.

Date

 (Signature of applicant)

Reduction of adults and Children allowed.
 Decrease Number of units from to

Rationing Officer/Asstt. Rationing Officer.

FORM IX
Counterfoil

Area :* Rationing Area Code No
 Serial No. Registration No.
 Name(s) of 1
 2
 3

have been reduced from Card No. Reference No.
 From to Units

Signature of Rationing Officer/
 Assistant Rationing Officer.

Note.—This counterfoil should be produced for new Ration Card in another Rationing Area of the State or for introduction of names in old Household Card or for issue of new card.

*Here mention the name of the rationing area.

FORM X

Code No.

Registration No.

Form of application for import of Rationed Foodgrains for bona fide household consumptions

1. Name of applicant
2. Applicant's profession or occupation
3. Applicant's full residential address
4. Rationing Ward : (i) Ration Card No.
(ii) Ration Shop No. where card is registered.
5. Number of members in the family residing with the applicant (Adults denoting HML if any, and children to be shown separately.)
6. quantity of variety/varieties of Foodgrains to be imported and the Place District, State from which to be imported.
- *7. Whether the applicant has got cultivable land in his own name or on the name of any member of his family.
8. Total area under cultivation :—
(a) Exact place where situated . . .
(b) Survey Number(s) . . .
(c) Total production during the year of import.*
9. Whether the applicant wants to import foodgrains by Rail/Road/Sea.

Date *

Signature or thumb
Impression of the Applicant.****Not applicable in case of wheat.*****—* Items 7 and 8 substituted *vide* G. O. No. ECA-2270-19308-F, dated 7th December 1970.**—** Inserted *vide* G. O. No. ECA-2270-19308-F, dated 7th December 1970.

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FORM X

Counterfoil

(Preserve this, otherwise issue of import permit may be delayed)

Area :

Code No.

Serial No.

Registration No.

Name of the Applicant

To be produced on

Date

For Rationing Officer.

INSPECTORS VERIFICATION REMARKS :

Date

Signature of Inspector.

ORDER OF RATIONING OFFICER :

Import permit asked for may/may not be granted.

Date

Signature of Rationing Officer

FORM XI

Code No.

Registration No.

IMPORT PERMIT AGAINST CANCELLATION OF COUPONS

[Under clause 14 of the Maharashtra Foodgrains Rationing (Second) Regulations, 1966]

Shri/Smt. is
 Authorised to import (quantity) of Rice@/Jowar/Bajra/Maize/Milo in
 that Rationing Area (Place) from
 District State. **Where
 the foodgrains are to be imported from another State, this permit is
 subject to the further condition that the permit holder secures the
 requisite export permit from that State.**

2. This permit is valid for imports by Rail/ Road/Sea for a period of
 three months from the date of issue.

3. This permit should be produced to the †Rationing Officer† along
 with the Ration Card immediately after foodgrains are actually imported
 in the Rationing Area.

Signature of the Officer concerned,
 *(Area)

FORM XI-A

Code No.

Registration No.

IMPORT PERMIT FOR WHEAT AGAINST CANCELLATION OF COUPONS

[Under clause 14 of the Maharashtra Foodgrains Rationing (Second) Regulations, 1966]

Shri/Smt. is authorised to import
 (quantity of wheat in the*
 Rationing Area (Place) from
 District State.

@—@ Word "wheat" deleted vide G. O. No. ECA-2270-19308-F, dated 7th December 1970.

—Inserted vide G. O. No. ECA-2269-F, dated 22nd May 1970.

†—†Word "Rationing Officer" substituted for word 'issuing authority' vide G. O. NO. ECA-2271-1330-F, dated 13th July 1971.

*—*Here mention the name of the rationing area.

§—§Form XI-A inserted vide G. O. No. ECA-2270-19308-F, dated 7th December 1970.

2. This permit is valid for imports by Rail/ Road/Sea for a period of one month from the date of issue.

3. This permit should be surrendered to the issuing authority immediately after the foodgrains are imported in the Rationing Area.

FORM XII

Code No.

Registration No.

IMPORT PERMIT

[Under clause 15 of the Maharashtra Foodgrains Rationing (Second) Regulations, 1966]

Shri/Smt. is hereby authorised to import (quantity) of Rice/Wheat/Jowar/Bajra/Maize/Milo from District State on Government account.

2. This permit is valid for imports by Rail/ Road/Sea routes for a period of three months from the date of issue.

3. This permit should be surrendered to the issuing authority immediately after the foodgrains are imported. The export permit issued by competent authority should also be surrendered for cancellation.

4. The stocks of foodgrains imported should be disposed of in such a manner as may be directed by the controller of Rationing (Area).

Controller of Rationing.

Date of Issue

.....(Area)

FORM XIII

Code No.

Registration No.

EXPORT PERMIT

[Under clause 15 of the Maharashtra Foodgrains Rationing (Second) Regulations, 1966]

Shri/Smt. is hereby authorised to export (quantity) of Rice/Wheat/Jowar/Bajra/Maize/Milo from District / State on Government account.

2. This permit is valid for Export by Rail/ Road/Sea routes for a period of three months from the date of issue.

3. This permit should be surrendered to *..... the after the foodgrains are exported under intimation to the authority which issued it.

Controller of Rationing.

Date of Issue

.....(Area)

*To be filled in

FORM XIV

Area :*

Rationing Area

APPLICATION FOR CHANGES (OTHER THAN IN UNITS) ON RATION CARD

(In case of change of address to be presented to the Rationing Officer in whose jurisdiction old address is and after taking counterfoil, the Ration Card should be presented to the Rationing Officer of the new area. Card is liable to be cancelled in case incorrect address is given).

Warnings:—(1) Any false statement made and known to be such would be punishable.

(2) The Card is liable to be cancelled if any information given in the application is found to be incorrect.

I,
(Name beginning with surname)

Age Residing at
(Flat/Room No.) (Name of Bldg.) (Municipal House No.) (Road)
Plot No./Survey No.

.....
apply for the following changes in my Ration Card No. registered
(Municipal Ward No.) (Postal District)

at A. R. S. No. (Reference Register No.
.....)

Present position	Desired change	Reasons
(a)	(b)	(c)

*Here mention the name of the rationing area.

I, declare that all the above statements are, to the best of my knowledge and belief, correct.

Date

.....
Signature of applicant

" Change of address/Change of Head of family/ Change of Shop/
Correction in name " allowed.

New address/New head of Family/ New Shop No./Correct name is as follows :—

.....
Rationing Officer/Asstt. Rationing Officer.

FORM XIV

Counterfoil

Area :* Rationing Area

Serial No.

(In case of change of address only)

Code No.

Rationing Office

Name of Head of the family :

This counterfoil is presented to the Rationing Office of new area to issue card for adults/children Units wherein the address is changed.

.....
Signature of Rationing Officer/
Asstt. Rationing Officer.

*Here mention the name of the rationing area.