

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
OFFICE OF THE COMMISSIONER: FOOD, SUPPLIES & CONSUMER
AFFAIRS DEPARTMENT, K-BLOCK, VIKAS BHAWAN, NEW DELHI
(POLICY BRANCH)

No.F.1 (3)/F&S/P&C/2011/Pt.I/ 1591-1599

Dated 21/12/2015

OFFICE ORDER

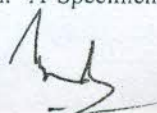
Sub: **Compliance of Council of Ministers, GNCT of Delhi, decision No.2238 dated 03.11.2015.**

Please find enclosed herewith Order No. F.2 (24)/2015/AR/8434 dated 20.11.2015 received from Secretary (AR) Administrative Reforms Department regarding compliance of Council of Minister, GNCT of Delhi decision No.2238 dated 03.11.2015 to abolish the following affidavits in Food, Supply & Consumer Affairs department with immediate effect:

1. Issue of Ration Card
2. Addition/Deletion of name in Ration Card
3. Issuance of duplicate Ration Card
4. Change in Address
5. In Surrendering the Ration Card
6. Transfer of Card
7. Change of FPS
8. Modification in Card

The abolished affidavits may be replaced by self certification/undertaking/declaration. A Specimen copy of the same is enclosed.

This issue with the approval of Competent Authority.



(GIRISH PANDEY)

ASSISTANT COMMISSIONER (P&C)

Copy for strict compliance to:

1. All Zonal Assistant Commissioner, Deptt. of F&S.
2. All Circle FSOs through Assistant Commissioner, F&S.
3. ✓ Senior S.A. to upload on Website.

Copy for information to:-

1. The Secretary (AR) Administrative Reform Deptt. GNCT of Delhi, 7th Floor, C-Wing Delhi Sectt. N.Delhi with ref. to their order No.F.2 (24)/2015/AR/8434 dated 20-11-2015.
2. P.S.to CFS
3. P.A. to Spl. Commissioner (P&C)
4. P.A. to Spl. Commissioner (Distribution)
5. All Branch Incharge's of H.Q (F&S)
6. Guard File



(GIRISH PANDEY)

ASSISTANT COMMISSIONER (P&C)

1739/SSA/IT
22/12/2015

SA
23-12-15
Pl. upload today itself.
28/12/2015
AP (D)

SELF -DECLARATION FORM

I _____
Wife/Son/Daughter of Shri _____
Age _____ years resident of _____

do hereby affirm and declare that the information given above and in the enclosed documents is true and correct to the best of my knowledge and belief and nothing material has been concealed therein. I am well aware that concealment of facts and giving false information is punishable offence and in case I am guilty of giving false information of concealment of facts herein, I will be liable to be punished with imprisonment and/or fine as per the relevant provisions of law. I also undertake that the benefits availed by me by furnishing such false information or concealment of the facts shall be liable to be summarily withdrawn.

Place: _____
Date: _____

Signature _____

Full Name in Capital Letters _____

Mobile No. _____

ID Proof _____

ID No. _____

Date of Issue _____
(Issued by Govt. Office only)