

**APPLICATION FOR SPLITTING OF FAMILY OF J&K MIGRANT CARD**

I, \_\_\_\_\_ ( existing HoF ), am registered as a J&K Migrant with the Govt. of NCT of Delhi in the J&K Migrant Card ( Registration No. \_\_\_\_\_ ) originally issued in the name of \_\_\_\_\_ for \_\_\_\_\_ members. The details of family as per the J&K Migrant Card are as under:

S.No.	Name of the family members	Relationship Original HoF as per Card	Date of Birth
1			
2			
3			
4			

I request for the splitting of the following families in the existing J&K Migrant Card:

1)	Name of New Head of Family _____			R/o _____	Mob No. _____	
S.No.	Name of the family members	Relationship with New HoF	Date of Birth	Aadhaar No.	Current Residential Address	Self Attestation by New HoF
1		Self (HoF)				
2						
3						
4						

(Note: If number of bifurcated families is more than one, the applicant may add more table as required.)

I undertake that:

- The details given above are correct and nothing has been concealed.
- None of the family members is registered as Migrant anywhere else except in this J&K Migrant card (Registration No. ....) issued by the GNCTD.
- The aforesaid bifurcated families live in the separate houses.

Following documents are enclosed to substantiate the above request:

1. Self attested copy of existing J&K Migrant Card.
2. Self attested copy of Birth certificate of Newly Born Baby, if applicable.
3. Self attested copy of Marriage Card / Marriage Certificate / Nikha Nama, if applicable.
4. Self attested copies of Aadhaar Card of all the members of the family.
5. Self attested copies of Proof of Residence of each bifurcated family.
6. A Family Income Certificate, issued by the Office of the concerned SDM / Tehsildar in Delhi, if the J&K Migrant Family is residing in Delhi. If the J&K Migrant Family is residing in nearby towns such as Ghaziabad, Faridabad, Gurgaon, etc., the Family Income Certificate issued by the concerned SDM / Tehsildar of the respective town.
7. Self attested Group photo of each of each bifurcated family with date.

Dated:.....

Yours faithfully

(Signature)

Name of the HoF:.....  
S/O / D/O / W/O:.....  
R/o:.....  
Mobile No:.....

**Note: The application should be submitted to the concerned SDM Office where he/she is presently availing AMR.**