

Appendix- I

APPLICATION FORMAT FOR INDIVIDUAL APPLICANTS																																										
For Office use Not to be filled by applicant												D D - M M - Y Y			<u>Passport Size</u> <u>Photograph</u> <u>with specimen</u> <u>signature partially</u> <u>across the photograph</u>																											
Office Code					Serial No					Date of receipt of application																																
APPLICATION FOR LPG DISTRIBUTORSHIP OF																																										
Please write name of Oil Company of the location (BPC or IOC or HPC)																																										
Particular of application fee																																										
Demand Draft Number										Date			D D - M M - Y Y																													
Drawn on (name of the bank)										Payable At																																
In favour of (Full name of the oil company)																																										
(Enclose Application processing fee of Rs 1000/ (one thousand only) for all applicants except SC/ST candidate. Application processing fee for SC/ST candidates is Rs 500/- (Five hundred) on enclosing SC/ST certificate.)																																										
1	Name of the Location																																									
2	District																																									
3	State																																									
4	Category																																									
Please attach copy of eligibility Certificate(s) as proof for the respective categories {SC/ST, SC/ST(GP), SC/ST(CC), OBC, OBC(GP), OBC(CC), OPEN(GP), OPEN(CC)} from the competent authorities, as mentioned in the eligibility criteria. Not Applicable for locations under 'Open' category.																																										
5	Advertised on										D D - M M - Y Y Y Y Y Y			in (Please write Name of Newspaper)																												
6	Status of applicant :										Individual			YES / NO			if 'No', please use the format for non-individual applicant																									
7	Applicant should enclose Affidavit as per the format given in Appendix - 1																																									
7.1	Name																																									
	First name							Middle name							Surname																											
7.2	Father's / Husband's Name																																									
	S	H	R	I											Title							First name							Middle name							Surname						
7.3	Address																																									
	Pin code :																																									
	Telephone No										email:																															
7.4	Indian Citizen										Yes No			Resident of																												
	if 'No' applicant is not eligible																																									
7.5	Gender										Male / Female			Revenue District																												
											State																															
7.6	Date of Birth										D D - M M - Y Y Y Y			Age			Years			Months			Days																			
	Age as on the date of application																																									
7.7	Marital Status										Single			Married			Widow			Widower			Divorcee			Strike off what is not applicable.																
7.8	Name of Spouse, if married																																									
8	Educational Qualification																																									
	Qualification										University / Institution										Degree					Year of Passing																
i)	Graduation in any field																																									
ii)	Chartered Accountant																																									
iii)	Cost Accountant																																									
iv)	Company Secretary																																									
v)	Diploma in Engineering																																									
For SKO Dealers of OMCs:																																										
	Qualification										Board/University										Year of Passing																					
	Matriculation, i.e. Xth Standard examination or equivalent from recognized Board																																									

12	FIXED DEPOSIT/NSC/SHARES/MF ETC in the name of applicant and members of 'family unit'. Attach affidavit as per format given in Appendix - 2 from member(s) of 'family unit'.												
	S.N	Type of Investment FD/NSC/Shares/MF etc	Reference Number with date	Name(s) of the holder	Relation with applicant	Initial investment Amount	Value (Amount) as on the date of application						
	1												
	2												
	3												
	4												
Total													
Total amount in words.													
Note :													
(1) The above declared investments should be available on the last date for submission of application as specified in the advertisement or corrigendum (if any) and the same will be verified during Field Verification.													
(2) The value (Amount) shown above should be as on Date of Application.													
13	Have you ever been convicted or charges have been framed by Court of Law for any criminal offence involving moral turpitude and / or economic offence (other than freedom struggle)? (If yes you are not eligible to apply.)										Yes /	No	
											Please strike off what is not applicable		
14	Additional Information to be furnished by existing SKO (Kerosene) Dealers of OMCs												
i	Name of SKO Dealership												
ii	Location of SKO Dealership												
iii	District												
iv	State												
v	Category of Dealership												
vi	Name of Oil Company of the SKO			IOC	BPC	HPC	Strike out whichever is not applicable						
vii	Constitution of Dealership		Proprietorship	Partnershi	Society	Company	Strike out w hichever is not applicable						
	(SKO dealership with Sole Proprietor only is eligible to apply)												
viii	Average monthly SKO allocation during the preceding 12 months prior to month of advertisement for this LPG Distributorship.										Average KL/month		
	(SKO dealership with average SKO monthly allocation of 75 KL or more are not eligible to apply)												
Please attach copy of month-wise allocation for preceding 12 months from the month of advertisement for this LPG Distributorship, issued by the allocating authority of the State Government / Divisional / Territory / Regional Office of the concerned Oil Marketing Company.													
15 DECLARATION BY THE APPLICANT.													
I am aware that eligibility for LPG distributorship will be decided based on the information given in the application above. On verification by the Oil Company if it is found that the information given by me is incorrect/ false/ misrepresented then my candidature will stand cancelled and I will be declared ineligible for LPG Distributorship.													
I also confirm that, if selected, I will present all the supporting documents in original in respect of the information given by me in this application and failure to present these documents in original will result in cancellation of selection.													
I am fully aware that if I am unable to provide duly approved LPG Godown by the Office of Chief Controller of Explosives (PESO) and / or Showroom as per the Oil Company's standard layout , then the allotment of distributorship made to me will be cancelled.													
I am fully aware that I will not be appointed as LPG distributor if I am employed. I shall have to resign from the service and produce proof of acceptance of my resignation from my employer before issuance of Letter of Appointment. Failure to do so shall lead to cancellation of my selection.													
I am also aware that I cannot draw any salary / perks /emoluments (other than the pension received) from the State/Central Government and I have to forgo these benefits at the time of appointment as LPG Distributor. Failure to comply to this condition will lead to cancellation of my selection.													

I am fully aware that I have to personally manage the operation of LPG Distributorship.

I am aware that if married, my spouse will be co-owner i.e. 50% partner of LPG distributorship with me and I am not permitted to enter into partnership with anyone other than my spouse.

I am aware that if selected I have to deposit 10% of the applicable security deposit before the FVC is carried out. In case if it is found that the information given by me is incorrect/ false/ misrepresented then my candidature will liable to be cancelled along with forfeiture of the amount deposited before FVC.

That, if selected, I undertake that I will be depositing an interest free Security deposit as per the policy of the Corporation.

I have read the terms and conditions applicable for the LPG Distributorship mentioned in the advertisement/ Brochure and confirm that I fulfill the eligibility criteria for the LPG Distributorship I have applied for in this application.

Undertaking

I, _____ daughter of /son of/ wife of
Shri _____ hereby confirm that the information given above is true and correct. Any wrong information /misrepresentation/ suppression of facts will make me ineligible for this LPG distributorship.

Place : _____ Signature of applicant _____

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

 Name of applicant _____
(Name in block letters)

List of Enclosures

- 1 Copies of Eligibility Certificate(s) for the category applied.
- 2 Demand Draft No _____ dated _____
- 3 Notarised Affidavit in original as per the format in Appendix 1
- 4 Notarised Affidavit in original as per the format in Appendix 2
- 5 Notarised Affidavit in original for Joint ownership of land as per the format in Appendix 4
- 6 For OBC candidates, Notarised Affidavit in original as per the format in Appendix 3c

Total number of pages of the application including attachments	
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(NOTORISED AFFIDAVIT)

Appendix - 1

(TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE)

I, _____ son/daughter/wife of _____ Age _____ years residing at _____ do hereby solemnly affirm and say as under :

- 1 That I am an Indian Citizen and residing in India.
- 2 That my date of birth is

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

 (in words _____)
- 3 That I passed Graduation examination from recognised University / Institution in the year*

y	y	y	y
---	---	---	---

and / or
That I have passed & completed the course of Chartered Accountant in the year*

y	y	y	y
---	---	---	---

and / or
That I have passed & completed the course of Company Seceretary in the year*

y	y	y	y
---	---	---	---

and / or
That I have passed & completed Cost Accountant examination in the year *

y	y	y	y
---	---	---	---

and / or
That I have passed & completed Engineering Diploma examination in the year *

y	y	y	y
---	---	---	---

4 That I am unmarried. That neither I, nor my Father, Mother, unmarried brother(s), unmarried sister(s) have dealership/distributorship or hold Letter of Intent for Retail Outlet or SKO-LDO dealership or LPG distributorship or RGGLV of any Oil Company.

OR

That I am married and name of my spouse is _____. That neither I nor my spouse, unmarried son(s)/unmarried daughter(s) have dealership/ distributorship or hold letter of Intent for Retail Outlet or SKO-LDO dealership or LPG distributorship or RGGLV of any Oil Company:

OR

That I am widow/widower . That neither I nor my unmarried son(s)/unmarried daughter(s) have dealership/ distributorship or hold letter of Intent for Retail Outlet or SKO-LDO dealership or LPG distributorship or RGGLV of any Oil Company:

OR

That I am divorcee . That neither I, nor unmarried son(s)/unmarried daughter(s) (whose custody is given to me) have dealership/ distributorship or hold letter of Intent for Retail Outlet or SKO-LDO dealership or LPG distributorship or RGGLV of any Oil Company:

- 5 That I hereby confirm that none of my family members (as defined in clause 6.1 (iv) of the Brochure) are employees of Oil Marketing Companies.
- 6 That I am of sound physical and mental health.
- 7 That I have never been convicted nor charges have ever been framed against me by any Court of Law for any criminal offences involving moral turpitude and/or economic offences (other than freedom struggle).
- 8 That I hereby confirm that I was never a signatory to dealership/distributorship agreement of any Oil Company, which was terminated for proven malpractices and / or for violations of provisions of the Marketing Discipline Guidelines.

9 For Applicants applying under the category of SKO dealers :

(a) That I am the sole proprietor of SKO dealership of _____ (OMC name) in the Name & Style of _____ at _____ (location) operating below an average allocation of 75 KL of SKO per month during the immediate preceding 12 months prior to the month of advertisement for the LPG Distributorship.

(b) That I have not been penalized for violation of Marketing Discipline Guidelines within last 5 years preceding the date of advertisement and/or there are no proceedings pending against my Dealership under Marketing Discipline Guidelines, Dealership Agreement, Kerosene Control Order or ESMA.

(c) I am aware that if I am selected for the LPG distributorship, I will have to surrender my SKO Dealership before being appointed as LPG Distributor by IOC/BPC/HPC .

10 That if any information/declaration given by me in my application or in any document submitted by me in support of application for the award of the LPG Distributorship or in this affidavit shall be found to be untrue or incorrect or false, the Indian Oil Corporation*/ Bharat Petroleum Corporation* /Hindustan Petroleum Corporation* would be within its rights to withdraw the letter of intent / terminate the distributorship (if already appointed) and that I would have no claim, whatsoever, against the Corporation for such withdrawal / termination.

*** Strike off whatever is not applicable.**

I hereby verify that what has been stated above is true and correct to the best of my knowledge and nothing material has been concealed therefrom.

Solemnly affirmed and declared before me

This _____ day of _____

**Signature and Seal of
Magistrate/Judge/Notary public**

**Signature of person making affidavit
(Name in block letters)**

(NOTORISED AFFIDAVIT)

Appendix - 2

(TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE)

(To be given by the family member as defined in eligibility criteria other than applicant)

I _____ Son/wife of _____
Age _____ years resident of _____ do hereby solemnly affirm and say as under:-

1 That I am unmarried and my father*/mother*/unmarried brother* / unmarried sister* (Mr/Ms) _____ (name) has applied for LPG distributorship of IOC*/BPC*/HPC* at _____ (location) under ' _____ ' category against the advertisement made in _____ news paper dated _____ .

OR

That I am married and my unmarried son*/ unmarried daughter*/wife*/husband* (Mr/Ms) _____ (name) has applied for LPG distributorship of IOC*/BPC*/HPC* at _____ (location) under ' _____ ' category against the advertisement made in _____ news paper dated _____ .

* Strike off whichever is not applicable.

2 That in case he/she is selected for LPG distributorship I will provide financial assistance to the extent of amount which is mentioned at Item no.11 & 12 under my name in the application submitted by (Mr/Ms) _____ for LPG distributorship of IOC*/BPC*/HPC* at _____ .

3 That in case he/she is selected for LPG distributorship I have no objection for construction of godown / showroom on the land specified in item no 9 & 10 in my name.

I hereby verify that what has been stated above is true and correct to the best of my knowledge, and nothing has been concealed therefrom

Solemnly affirmed and declared before me

This _____ day of _____

Signature

Signature and Seal of Magistrate/Judge/Notary public Name of Deponent

Relationship with applicant.

STANDARD FORMAT FOR SC/ST CATEGORY CERTIFICATE

Note: A candidate who claims to belong to one of the Scheduled Castes / Scheduled Tribes should submit in support of his / her claim, a certificate in original, with a copy thereof in the form given below, issued at any time by a competent authority # notified by the Government of India, of the district in which his parents (or surviving parents) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the District in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. In case of any doubt about the genuineness of the certificate, the same may be got verified through the concerned District Magistrate / Deputy Commissioner.

The form of the certificate to be produced by Scheduled Castes / Scheduled Tribes candidates.

This is to certify that Shri / Smt. / Kum* _____ son / daughter* of _____ of village / town * _____ in District / Division* _____ of the State / Union / Territory* of _____ belongs to the _____ Caste / Tribes and his / her religion is _____ which is recognised as a Scheduled Castes / Scheduled Tribes under the Scheduled Castes / Scheduled Tribes lists (modification) order 1956* read with the Bombay Re-organisation Act, 1960 and the Punjab Reorganisation Act 1956*.

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956*

The Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1956*

The Constitution (Dadra & Nagar Haveli) Scheduled Castes Order, 1962*

The Constitution (Pondicherry) Scheduled Castes Order, 1964*

The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967*

The Constitution (Nagaland) Scheduled Tribes Order, 1970*

Place : _____

Signature : _____

Date : _____

Designation : _____
(with seal of office)

State / Union Territory*

* Please delete the words which are not applicable.

Note : The terms "Ordinarily reside(s)" used here will have the same meaning as in Section-20 of the Representation of the People Act, 1950.

Officers competent to issue Caste / Tribe certificates.

i. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector, 1st Class Stipendiary Magistrate / City Magistrate *** Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.

*** (Not below the rank of 1st Class Stipendiary Magistrate)

ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate, Presidency Magistrate.

iii. Revenue Officers not below the rank of Tehsildar.

iv. Sub-divisional officer of the area where the candidate and / or his family normally resides.

v. Administrative / Secretary to Administrator / Development Officer (Lakshadweep).

STANDARD FORMAT FOR OBC CATEGORY CERTIFICATE

Note: A candidate who claims to belong to one of the Other Backward Classes should submit in support of his / her claim, a certificate in original, with a copy thereof in the form given below, issued by a competent authority notified by the Government of India.

The form of the certificate to be produced by "Other Backward Classes" candidates.

This is to certify that Shri / Smt. / Kum.* _____ son/daughter* of _____ of Village/Town* _____ District/Division* _____ of the State/Union Territory* _____ of _____ belongs to the _____ Community which is recognized as a backward class under:

Sl.No.	Resolution No.	Dt. of Gazette Notification	Concerned State / UT

Shri / Smt. / Kum*. _____ and / or his/her family ordinarily reside(s) in village/town* _____ of _____ District / Division* of the State/Union Territory* of _____.

This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide Government of India, Department of Personnel & Training OM No. 36033/3/2004-Estt(Res) dated 14.10.2008.

Place : _____

Date : _____

State / Union Territory* _____

Signature :

Designation :

(with seal of office)

* Please delete the words, which are not applicable

NOTE:

(a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

(b) The authorities competent to issue Caste Certificates for Other Backward Classes are given below:

(i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner/Deputy Collector / 1st Class Stipendiary Magistrate /Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tehsildar and

(iv) Sub-Divisional Officer of the area where the candidate and / or his/her family resides.

(c) The last date for submission of application mentioned in the notice of advertisement or corrigendum (if any) will be treated as the date of reckoning for OBC status of the candidate and also for determining that the candidate does not fall in the creamy layer. The candidate should furnish the relevant OBC Certificate in the format prescribed above issued by the competent authority.

Declaration/undertaking as a Notarized affidavit - for OBC Candidates
(TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE)

I, _____ son/daughter of Shri _____ resident of village/town/city _____

in the District _____ of State / Union Territory of _____

hereby declare that I belong to the _____ community which is recognized as a backward class by the

Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt.(SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No. OM No. 36033/3/2004-Estt(Res) dated 14.10.2008.

(Signature of the Candidate)

Place : _____

Date : _____

Declaration/undertaking not signed by Candidate will be rejected.

False declaration will render the applicant liable for rejection of application/candidature at any time.

STANDARD FORMAT FOR PH CATEGORY CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL ISSUING THE CERTIFICATE

Certificate No.

Date

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum.-----wife/daughter/son of Shri _____
 _____ Age _____old male/female, Registration No. _____ is a
 case of physically disabled/visual disabled/speech & hearing disabled and has _____ %
 (_____) permanent (physical impairment/visual impairment/speech & hearing impairment) in
 relation to his/her _____.

Note: -

1. This condition is progressive/non-progressive/likely to improve/not likely to improve. *
2. Re-assessment is not recommended/is recommended after a period of _____
months/years.

*Strike out which is not applicable.

Sd/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal

Sd/-
(DOCTOR)
Seal

Signature/Thumb impression of the patient

**Countersigned by the
 Medical Superintendent/CMO/Head of
 Hospital (with seal)**

Recent Attested Photograph
 Showing the disability affixed here.

STANDARD FORMAT FOR PARAMILITARY/POLICE/GOVERNMENT/PSU PERSONNEL CATEGORY

Certificate is to be given by Head of the Office or an Officer not below the rank of Under Secretary to the Government on Official Letter-Head of the Organization / Government Office issuing the Certificate.

Reference No. _____

Date _____

Eligibility Certificate for Paramilitary/Police/Government/PSU Personnel Category

I # This is to certify that Mr/Ms _____ who was working in this office as _____ had passed away on (date) _____ at (Place)_____. Mr/Ms _____ has been awarded (name of gallantry award)_____ in recognition of the supreme scarifice made while_____.

Mr/Ms (name of applicant) _____ (relationship _____) was dependent on Mr/Ms _____ as per our records.

OR

II # This is to certify that Mr /Mrs _____ who was working in this office as _____ had passed away on (date) _____ while in action at (Place)_____

Mr/Ms (name of applicant) _____ (relationship _____) was dependent on Mr/Ms _____ as per our records.

OR

III # This is to certify that Mr/Ms (name of applicant)_____ was working in our organization _____ and has been disabled on (date) -----while performing duties at (place)_____.

OR

IV # This is to certify that Mr /Mrs _____ who was working in this office as _____ had passed away on (date) _____ while on duty at (Place)_____

Mr/Ms (name of applicant) _____ (relationship _____) was dependent on Mr/Ms _____ as per our records.

OR

V # This is to certify that Mr/Ms _____ was working in our organization _____ and has been disabled in peace on (date) _____ due to attributable causes.

Delete if not applicable.

Attested Signatures of applicant

Place : _____

Date : _____

Signature :

Name :

Designation :

Office Seal :

Notarized Affidavit for offer of land from applicant/member of the family unit and third party – All the joint owners/Joint Lessee of the land (except the applicant) have to submit this affidavit individually including the member of the family unit.

(TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE)

I _____ Son/Daughter/wife of _____
age _____ years resident of _____ do hereby solemnly affirm and say as under:-

- 1 That I, Shri/Smt _____, own a piece of land jointly or Jointly Leased, bearing Gatta/Khasra/Survey No. _____ at _____ (village/town), Taluka/Tehsil _____, Dist _____ and measuring area of _____ sq. mts. (Dimensions _____ metres X _____ metres) in the State of _____ as per the following details :

*** Land for Godown :**

Names of the Joint owner(s)/Joint Lessee	Relationship of the member of Family Unit with Applicant (Not Applicable for Third Party)	Date of registration of Sale Deed / Gift Deed / Lease Deed / Date of Mutation	Khasra no./ Gatta No./Survey No.	Dimension of Land offered as per Demarcated Plan (____metres X ____metres)

*** Land for Showroom :**

Names of the Joint owner(s)/Joint Lessee	Relationship of the member of Family Unit with Applicant (Not Applicable for Third Party)	Date of registration of Sale Deed / Gift Deed / Lease Deed / Date of Mutation	Khasra no./ Gatta No./Survey No.	Dimension of Land offered as per Demarcated Plan (____metres X ____metres)

*** Strike out whichever is not applicable**

- 2 That Shri/Smt _____ has applied for LPG Distributorship of IOC*/BPC*/HPC* at _____ (location) under '_____' category against the advertisement appeared in _____ news paper dated _____ .
- 3 That in case he/she is selected for LPG Distributorship, I confirm that I do not have any objection for the construction of the **LPG godown and/or showroom** (as required by OMC) at the above mentioned location, as per the demarcation on the site plan enclosed.

I hereby verify that what has been stated above is true and correct to the best of my knowledge, and nothing has been concealed there from.

I also confirm that I have not offered this piece of land to any other person for the above purpose.

Solemnly affirmed and declared before me.

This _____ day of _____ (month) _____ (year)

**Signature and Seal of
Magistrate/Judge/Notary Public**

**Signature
Name of Deponent**

General Instructions to the candidates applying for LPG Distributorship.		
Item No	Instructions	Supporting Documents to be provided by applicant at the time of verification.
1	Write the name of the location for which application is made as per advertisement.	
2	Write the name of the district of the location for which application is made as per advertisement.	
3	Write the name of the State of the location for which application is made as per advertisement.	
4	Write the name of the category of the location as per the advertisement	Eligibility certificates issued by the competent authorities as applicable. Caste validity certificate as applicable. For example, if the category of location is SC (CC), the applicant has to provide eligibility certificate for both SC & CC categories. Similarly, in case of OBC, the applicant has to provide eligibility certificate of OBC along with Declaration/Undertaking (Notarized affidavit) for belonging to both the OBC & non-creamy layer status.
5	Write the date and name of the news paper in which advertisement has appeared for the location mentioned in item 1.	
6	Tick the status of Applicant: whether applicant is individual Yes or No. If No, use the application format of Non-Individual Applicant	
7	Personal Details are to be filled and Notorised Affidavit as per format given in Appendix -1 to be submitted	Proof of Date of Birth like School Leaving Certificate/Birth Certificate/Passport / PAN Card.
8	Education : - Information in chronological order	Original certificate for each qualification
9	<p>Details of the plot of Land for godown or ready made godown which meets the following requirement:-</p> <p>The plot of land should be of adequate size (within 15 km from municipal/town/village limits of the location offered in the same State) for construction of godown for storage of minimum 8000 Kg of LPG in cylinders or ready LPG cylinder storage godown. As per Gas Cylinder Rules 2004, the floor area of the storage shed for storing 8000 kg LPG in cylinders should be 80 sq metres. The length of the storage shed should not be more than 1.5 times of width of storage shed. There should be clear minimum safety distance of 7 meters between storage shed and the boundary wall/ fencing.</p> <p>A plot of land with minimum dimension of 26.15 metre by 27 metre is adequate. It should be freely accessible through all weather motorable approach road (public road or private road connecting to the public road). It should also be plain, in one contiguous plot, free from live overhead power transmission or telephone lines. Canals / Drainage / Nallahs should not be passing through the plot. The land for construction of LPG godown should also meet the norms of various statutory bodies such as PWD/Highway authorities/ Town and Country Planning Department etc.</p>	<p>Documents pertaining to land / Godown in the name of applicant or member of 'family unit' Registered Sale Deed/ Gift Deed / Lease Deed (15yrs minimum)/Mutation and government record etc.</p> <p>The Date of the documents have to be on or before the last date for submission of application as mentioned in the advertisement or corrigendum, if any.</p> <p>In case land is in the name of member of 'family unit', consent from the family member in form of Notorized Affidavit (Appendix 2) is required to be attached with the application.</p> <p>In case land is jointly owned by the applicant/member of the Family Unit with any other person(s) or jointly leased in the name of the applicant/member of the Family Unit & any other person(s) and the share of such land in the name of the applicant/member of the Family Unit meets the requirement of land for godown then an NOC in the form of an affidavit from the joint owner(s)/joint lessee is to be provided as per Appendix-4.</p> <p>'Family Unit' is defined below in Important Note.</p>

10	<p>Details of the Land for Showroom / Showroom which meets the following requirements:-</p> <p>Own a suitable shop of minimum size 3 meters by 4.5 meter in dimension or a plot of land for construction of shop of minimum size 3 meters by 4.5 meter at the advertised location or locality as specified in the advertisement. It should be easily accessible to general public through a suitable approach road.</p>	<p>Documents pertaining to land / showroom in the name of applicant or member of 'family unit'. Same as mentioned in the item 9 above.</p>
11.0	<p>Amount in the Saving Account in Scheduled bank / Post Office in the name of self & the member(s) of the "Family Unit" should be available as closing balance as on the last date for submission of application as mentioned in the advertisement or corrigendum (if any) and only such closing balance will be considered.</p> <p>Amount maintained in the joint account with member(s) outside the "Family Unit" should not be mentioned and will not be considered.</p>	<p>Savings Bank Accounts Statement/ Pass Book from which the amount mentioned in the application to be available as closing balance on the last date for submission of application as mentioned in the advertisement or corrigendum (if any) can be verified.</p>
12.0	<p>Investment in Bonds/NSC in the name of self and member of the "Family unit" - value (amount) as on date of application.</p> <p>Fixed Deposit/Term Deposit/PPF in Scheduled Bank/Post Office/listed Companies/Government organisation/PSU in the name of self and member of the Family Unit - value (amount) as on date of application.</p> <p>The investments as declared in the application must be available as on last date of submission of application as specified in the advertisement or corrigendum (if any), for verification.</p> <p>Attach Notarized Affidavit as per format given in Appendix - 2, if applicable.</p> <p>Amount maintained in the joint account with member(s) outside the "Family Unit" should not be mentioned and will not be considered.</p>	<p>All supporting documents based on which the amount has been declared as on the date of application in Point No. 12 needs to be made available.</p> <p>Declared Value (amount) as on the date of application for the investment instruments as certified by the Bank/Post Office or the concerned financial institution/issuing organisation.</p> <p>In case fixed deposit(s)/PPF/Term Deposit/Bonds/NSCs etc have matured between the date of application and the last date for submission of application as mentioned in the advertisement or corrigendum (if any), then the applicant should present any other instrument as mentioned in Item 11 & 12 of the application as a proof of having re-invested the declared amount. Date of such investment should be on or before the last date for submission of application as given in the advertisement or corrigendum (if any).</p>
	<p>Investments in listed Mutual Funds/listed company shares/ULIP based on the NAV on the date of application.</p>	<p>Value on the date of application as certified by the Government Approved Valuer or the concerned financial institution/ certified by Chartered Accountant.</p>
	<p>Amount of money which applicant can get on surrender of Insurance policy.</p>	<p>Certificate from the Insurance Company</p>
13	<p>Conviction or charges have been framed by Court of Law for any criminal offence involving moral turpitude and / or economic offence (other than freedom struggle).</p>	<p>Notorised Affidavit as per format given in Appendix 1 to be submitted</p>

14	Additional Information to be furnished by SKO (Kerosene) dealers for item No.i to viii.	<p>Notarised Affidavit as per format given in Appendix 1 to be submitted.</p> <p>Month-wise Allocation letter(s) for preceding 12 months from the month of advertisement for this LPG Distributorship, issued by the allocating authority of the State Government or Divisional/Territory/ Regional office of the concerned OMC to be submitted.</p> <p>Copy of the SKO Dealership Agreement with the concerned OMC.</p>
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Important Notes :

1. 'Family Unit'^{**} of a married applicant, shall consist of self, applicant's spouse and unmarried son(s)/daughter(s) and 'Family Unit' of a unmarried applicant, shall consist of self, applicant's parents and applicant's unmarried brother(s) / sister(s) for the purpose of this entire application.

2. Applicant must provide all information sought against various items mentioned in the Application form. If selected, at the time of verification, the applicant will have to provide documents in original in support of the information furnished in the application. Failure to present these documents in original at the time of verification will result in cancellation of selection along with forfeiture of the amount deposited by the selected candidate before the FVC.

3. In case, applicant requires extra space for providing details on any point, the details can be provided by adding extra rows or by adding extra sheets. However, details should be given in the same format as mentioned in that particular point.

Check list for Applicants

S.No	Document / Activity to be checked	Check box
1	DD attached - verify amount, drawn in favour of concerned company and payable at	
2	Photograph pasted and signature across photograph	
3	Copy(ies) of eligibility certificate(s) for the category attached as applicable	
4	Notarised Affidavit in original as per format given in Appendix 1 attached.	
5	Notarised Affidavit in original as per Annexure 2 as applicable	
6	Notarised Affidavit in original as per Annexure 4 as applicable	
7	Notarised Affidavit in original - Declaration/Undertaking as applicable for OBC applicants as per Appendix - 3c.	
8	Undertaking at the end of application duly signed with name, date and place.	
9	All pages of application are numbered and signed.	
10	Total Number of pages	
11	The Application is complete in all respect.	
