

APPLICATION FOR LPG GRAMIN VITRAK

(FORM TO BE FILLED UP IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN IN RELEVANT BOXES)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| For Office use <small>not to be filled by applicant</small> | | | | | | | | | | | | | | | | | | | | Passport Size Photograph with specimen signature on the photograph | | | | | | | |
| | Office Code | | Serial No | | D | D | - | M | M | - | Y | Y | Y | Y | Date of receipt of application | | | | | | | | | | | | |
| 1 | Particulars of Advertised Location | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | Application for LPG Distributorship of <small>(Name of Oil Company - IOC/BPC/HPC)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | Advertised on <small>(Date of advertisement)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | Name of Newspaper | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Type of Distributorship | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | Category of the Location | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please attach the Eligibility Certificate (as per applicable attached Annexure) issued by the Competent authority for the category / sub category applied for. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. | Name of the Location | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>(or locality if specified) as per advertisement</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. | Gram Panchayat | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a resident of this Gram Panchayat? Please select Yes or No as applicable | | | | | | | | | | | | | | | | | | | Yes | No | | | | | | | |
| h. | Revenue Sub Division | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | Block | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. | District | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. | State / UT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Particulars of Application fee | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>Note : Enclose Application Fee as per the type of Location/Distributorship and Category as given below. (Applicants belonging to SC/ST category should attach a copy of their SC/ST certificate).</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <small>Application fee for Open category applicants</small> | | | | | <small>Application fee for OBC Category applicants</small> | | | | | <small>Application fee for SC/ST Category applicants</small> | | | | | | | | | | | | | | |
| <small>Sheheri & Rurban Vitrak</small> | | | Rs. 10,000 | | | | | Rs. 5,000 | | | | | Rs. 3,000 | | | | | | | | | | | | | | |
| <small>Gramin & Durgam Kshetriya</small> | | | Rs. 8,000 | | | | | Rs. 4,000 | | | | | Rs. 2,500 | | | | | | | | | | | | | | |
| a. | Application fee enclosed <small>(amount in figs. & words)</small> | | Rs. | | | | | | | | | | | | | | | | | | <small>(amount in words)</small> | | | | | | |
| b. | Demand Draft Number | | | | | | | | | | | | | | | Date | | D | D | - | M | M | - | y | y | y | y |
| c. | DD drawn on <small>(name of the bank)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Payable At | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Particulars of applicant | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | Name | | <small>First name</small> | | | <small>Middle name</small> | | | | | | <small>Surname</small> | | | | | | | | | | | | | | | |
| b. | Father's / Husband's Name | | <small>First name</small> | | | <small>Middle name</small> | | | | | | <small>Surname</small> | | | | | | | | | | | | | | | |
| c. | Residence Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Gram Panchayat | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>(Mandatory for Durgam Kshetriya Vitrak Locations)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | Revenue Sub Division | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>(Mandatory for Durgam Kshetriya Vitrak Locations)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. | District | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. | State | | | | | | | | | | | | | | | | | | | Pin code : | | | | | | | |
| h. | Mobile No. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. | Aadhaar No. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. | PAN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. | Indian Citizen | | Yes | / | No | Sex | | M | / | F | | | | | | | | | | | | | | | | | |
| m. | Date of Birth | | D | D | - | M | M | - | Y | Y | Y | Y | Age : | | | | | | | | Years | Months | Days | | | | |
| <small>Age as on the date of application</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n. | Marital Status | | Single | / | Married | / | Widow(er) | / | Divorcee | <small>Strike off what is not applicable.</small> | | | | | | | | | | | | | | | | | |
| o. | Education | | School | | | | | | Board | | | | | | Year of Passing | | | | | | | | | | | | |
| <small>Details of Xth Std. or equivalent</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p. | Name of Spouse (if married) | | <small>First name</small> | | | <small>Middle name</small> | | | | | | <small>Surname</small> | | | | | | | | | | | | | | | |

| | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------|----------------------|------------------|------------------------------|-----------------|-----|
| q. | Have you ever been convicted or any charges been framed by Court of Law for a 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 | | | | | | | | | | |
| <i>(Applicant should enclose 'Self Declaration' as per the format given in Appendix - 1)</i> | | | | | | | | | | |
| 4 | Please tick (✓) in the applicable box given below, against the sub-category to which you belong. | | | | | | | | | |
| Applicable to only applicants applying under GP category viz., Open (GP), SC(GP), ST(GP) and OBC(GP) sub-category who should submit the respective eligibility certificate in original, at the time of Draw Of Lots. | | | | | | | | | | |
| Widows / Dependants of personnel of Armed Forces / Central Paramilitary forces / Central or State Special forces who died while performing their duties | | | | | | | | | | Box |
| Disabled personnel of Armed Forces or Central Paramilitary forces / Central or State Special forces while performing their duties | | | | | | | | | | Box |
| Ex-Servicemen of the Armed Forces | | | | | | | | | | Box |
| Widows / Dependants of Central / State Government / Public Sector Undertaking personnel who died while performing their duties and such disabled personnel of Central/State Government & Public Sector undertakings causes attributable to performance of duties. | | | | | | | | | | Box |
| 5 | Provide the following details of plot of land for construction of LPG godown or constructed LPG godown (in and within 15 km from municipal/town/village limits of the advertised location) owned or registered lease for minimum 15 years in the name of applicant / member of 'Family Unit' as on or before the last date for submission of application as specified either in the advertisement or in the Corrigendum (if any) and the same will be verified during field verification. In case land belongs to member of 'Family Unit', attach Declaration by family member as per Appendix - 2 and In case of Durgam Kshetriya Vitrak, the location for Godown land should be within the Village / cluster of Village limits as per the advertised location. | | | | | | | | | |
| Name(s) of the owner of Land / Leaseholder | | Relations hip with applicant | Date of registration of sale deed/gift deed/ registered lease deed/ date of mutation | Address of the location of the land for LPG Godown | Khasra No./Survey No. | Dimensions of land * | | Distance from location in km | | |
| | | | D D M M Y Y | | | Length in metre | Breadth in metre | | | |
| Note:(1) The plot of land should have minimum dimension of 21 M X 26 M for Gramin Vitrak or the constructed LPG Godown should have a minimum storage capacity of 5000Kg LPG. (2) In case the applicant has more than the one land the details of the same can also be provided, if required in additional sheet. (3) The land shown above should not be offered by any other applicant for this location and in case it is found at any stage that the same land is offered by more than one applicant, then all such applications shall be rejected or if any selction has been done, the same would be cancelled. | | | | | | | | | | |
| * Provide dimensions of the plot that will be used for proposed godown out of the total land owned. | | | | | | | | | | |
| 6 | Provide the following details of land for Showroom or showroom at the advertised location (owned or leased for minmum 15 years). In case land belongs to member of 'Family Unit', attach Declaration as per Appendix - B | | | | | | | | | |
| Name(s) of the owner of Land /showroom or leaseholder | | Relationship with applicant | Date of registration of sale deed/gift / lease/ date of mutation | Address of the location of the land for showroom / showroom | Khasra No / Survey No | Dimensions # | | | | |
| | | | | | | Length in metre | Breadth in metre | | | |
| 7 | Additional information to be furnished by existing Kerosene dealers | | | | | | | | | |
| a. | Name of the SKO Dealership | | | | | | | | | |
| b. | Location | | | | | | | | | |
| c. | District | | | | | | | | | |
| d. | State | | | | | | | | | |
| e. | Category of dealership | | | | | | | | | |
| f. | Name of the Oil Company | | | | | | | | | |
| g. | Constitution of the dealership | | | | | | | | | |
| h. | Average monthly SKO allocation during the preceding 12 months prior to the month of advertisement for this LPG Distributorship | | | | | | | | Av. KL per mth. | |
| 8 | Additional information to be furnished by existing NDNE LPG Retailers / Distributors | | | | | | | | | |
| a. | Name of the LPG NDNE Retailer / Distributor | | | | | | | | | |
| b. | Location | | | | | | | | | |
| c. | District | | | | | | | | | |
| d. | State | | | | | | | | | |
| e. | Name of the Oil Company | | | | | | | | | |

9 DECLARATION BY THE APPLICANT.

I am aware that eligibility for LPG distributorship will be decided based on the information provided by me in my application. On verification by the Oil Company if it is found that the information provided 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 LPG Godown duly approved by the Office of Chief Controller Of Explosives, Petroleum & Explosives Safety Organisation and / or Showroom as per the Oil Company's standard layout, then the allotment of distributorship made to me will be cancelled.

I am aware that in case the same land offered by me in my application for provision of LPG Godown and showroom facility is also offered by any other applicant, for the same location, my candidature for LPG Distributorship will be rejected.

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 governments and I have to forego 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 selected in the draw, I have to provide all weather motorable approach road to the Godown within the timelines given in the Letter Of Intent and an undertaking, as per the prescribed format in the form of a Notarized affidavit will have to be provided at the time of Field Verification Of Credentials (FVC).

I am aware that if selected, I have to deposit 10% of the applicable security deposit before the FVC is carried out failing which my candidature will be cancelled. In case, if it is found the information given by me is incorrect / false / misrepresented then my candidature is 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 Distributorships mentioned in the advertisement / Brochure and confirm that I fulfil the eligibility criteria for the LPG distributorship I have applied for in this application.

That, if selected, I undertake that I will submit at the time of Field Verification Of Credentials(FVC), duly notarized affidavits, for all the self declarations made in my application with regard to selection of LPG Distributorship

The checklist at Point No. 10 which is a part of this application has been verified by me before the submission of this application form and the same is true and correct

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)

10. Check list for Applicants

Note : Check box against all the items in the checklist, has to be compulsorily filled.

| Sr.No. | Document / Activity to be checked | Check Box # (Y/N) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1 | I have enclosed DD No. _____ dated _____ verified amount drawn in favour of concerned company and payable at | |
| 2 | I have pasted my recent photograph and signed across the photographs. | |
| 3 | I have enclosed copy(ies) of eligibility certificate (s) for the category as applicable | |
| 4 | I have enclosed self declaration in original as per format given in Appendix - 1 | |
| 5 | I have enclosed self declaration in original as per format given in Appendix - 2, as applicable | |
| 6 | I have enclosed self declaration in original for joint owners / joint lessee of land as per Appendix 4 as applicable | |
| 7 | I have enclosed self declaration in original - declaration / undertaking as applicable, for OBC applicants as per Appendix - 3C. | |
| 8 | I confirm my age as on date of application is as per the eligibility criteria. | |
| 9 | I confirm that I am having minimum educational qualification as per the eligibility criteria. | |
| 10 | I confirm that I am having own land for Godown/ Godown, in the name of self / member of the 'Family Unit' ** / my parents and Grand parents (both maternal and paternal) and the same meets the eligibility conditions including the ownership criteria as per Clause No. ____ of the advertisement and Clause No. ____ and _____ of the Brochure (please also refer to Item No. __ of General instructions to the candidates applying for LPG Distributorships) | |
| 11 | I confirm that I am having own land for Showroom/ Showroom in the name of self / member of the 'Family Unit' ** / my parents and Grand parents (both maternal and paternal) and the same meets the eligibility conditions including the ownership criteria as per Clause No. ____ of the advertisement and Clause No. ____ and _____ of the Brochure (please also refer to Item No. __ of General instructions to the candidates applying for LPG Distributorships) | |
| 12 | I confirm that i have signed the undertaking at the end of application _____ with name date and | |
| 13 | I confirm that i have numbered and signed all pages of application. | |
| 14 | Total number of pages of the application including attachments is _____ numbers. | |
| 15 | I confirm that the application is complete in all respects and the requisite documents have been enclosed. | |

| | | | | |
|--|------|-------|-------------------|-----------|
| | Date | Place | Name of applicant | Signature |
|--|------|-------|-------------------|-----------|

Wherever any items in the checklist are not applicable, the applicant should mention in the check box, as "Not applicable"

Family Unit for multiple dealership / distributorship norm means the following:

i) In case of married person/ applicant, 'Family Unit' will consist of individual concerned, his/her Spouse and their unmarried son(s)/daughter(s).

ii) In case of unmarried person/ applicant, 'Family Unit' will consist of individual concerned, his/her parents and his/her unmarried brother(s) and unmarried sister(s).

iii) In case of divorcee, 'Family Unit' will consist of individual concerned, unmarried son(s)/unmarried daughter(s) whose custody is given to him/her.

iv) In case of widow/widower, 'Family Unit' will consist of individual concerned, unmarried son(s)/unmarried daughter(s).

Family Unit for ownership of land for Godown/Showroom means Family unit as defined in multiple dealership / distributorship norm of eligibility criteria/ parents (includes Step Father/Step Mother), grandparents (both maternal and paternal), Brother/Sister (including Step Brother & Step Sister), Son/Daughter (including Step Son/Step Daughter), Son-in-law/Daughter in-law of the applicant or the spouse (in case of married applicant).

SELF DECLARATION
(TO BE TYPED ON PLAIN PAPER)

Appendix - 1

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 have passed Xth Standard 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 PSU 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 PSU 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 PSU 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 PSU Oil Company:

- 5 That I hereby confirm that none of my family members, as defined in 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 PSU Oil Company, which was terminated for proven malpractices and / or for violations of provisions of the Marketing Discipline Guidelines. I also confirm that I have not resigned from sole proprietorship of any dealership / distributorship of any PSU Oil Company in order to transfer the dealership / distributorship in favour of my family member/s (as defined in the dealer / distributor Selection 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) opertaing 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 For Applicants who are having NDNE retailer/distributorship or holding LOI of NDNE retailer/distributorship*

(a) That I or a member of my Family Unit am/is having NDNE retailer/distributorship or holding Letter of Intent of NDNE retailer/distributorship of _____ (OMC name) at _____ location(s).

(b) I am aware that if I am selected for the LPG distributorship, I/my Family Unit member will have to surrender the NDNE retailer/distributorship or LOI held in my name / Family Unit member before being appointed as LPG Distributor by IOC/BPC/HPC.

- 11 I am aware that in case it is detected at any stage that the same piece of land for LPG Godown/ Showroom offered by me in my application for provision of LPG Godown/ Showroom facility iwas also offered by any other applicant for the same location, then my candidature for LPG Distributorship will be rejected/ the Letter of Intent will be withdrawn/ Distributorship ,if already appointed, shall be terminated.
* Strike off whatever is not applicable.

12 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 is found to be untrue or incorrect or false, the Indian Oil Corporation */ Bharat Petroleum*/ Hindustan Petroleum* 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 whtaever is not applicable.

13 I am aware that if I am selected in the Draw for LPG Distributorship, I will have to convert this declaration into a Notarized affadavit prior to commencement of the FVC

*** 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.

This _____ day of _____

Signature of person making Self Declaration

(Name in block letters)

DECLARATION
(TO BE TYPED ON BLANK PAPER)

Appendix - 2

(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* / grandson*/ granddaughter*/ (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 I own a piece of land singly/ jointly in my name as specified in item no. 5 & 6 of the application form. The details of land offered alongwith the demarcation plan (if any) is given below.

| Godown/ Showroom | Names of the owner(s)/ Lessee(s) | Date of registration of sale deed/gift deed/ registered lease deed/ date of mutation | Khasra No./Survey No. | Total Dimension of the plot of land | | Dimensions of piece of land as per demarcated plan | |
|---------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------|---------------------|----------------------------------------------------------|---------------------|
| | | | | Length in metre | Breadth in metre | Length in metre | Breadth in metre |
| (a) | (b) | (c) | (d) | (e) | | (f) | |
| | | D D M M Y Y | | | | | |
| | | | | | | | |

Note: Particulars of (f) to be provided in case a piece (portion) out of the plot mentioned in (e) is offered to the above applicant.

3 (a) That in case he/she is selected for LPG distributorship, I confirm that I do not have any objection for the construction of LPG godown / showroom (as required by OMC) at the above plot as per the particulars given at (e) (in case the entire plot is offered)

OR

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 / showroom (as required by OMC) at the above mentioned land, plot as per the particulars given at (f) as per the demarcation on the site plan enclosed duly signed by all co-owners. (applicable in case a piece (portion) out of the plot mentioned in (e) is offered to the above applicant particulars of which is mentioned in (f))

3 (b) I hereby confirm that the said plot of land/ piece of land mentioned above has not been offered by me to any other applicant for this LPG distributorship location for the same purpose.

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
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 / Tribe and his / her religion is _____ which is recognised as a Scheduled Caste / Scheduled Tribe 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 : _____

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.

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* _____ in the State/Union Territory* of _____ belongs to the _____ Community which is recognized as a Backward Class under **Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____**.**

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 as amended from time to time

Place : _____

Signature : _____

Date : _____

Designation : _____

(with seal of office)

State / Union Territory* _____

* Please delete the words, which are not applicable

** The authority issuing the certificate will have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC

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 for the
 purpose of reservation in services under Government of India, Ministry of Social Justice and Empowerment's Resolution
 No. _____ dated _____.*. It is also declared
 that I do not belong to 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 as amended from time
 to time

(Signature of the Candidate)**Place :** _____**Date :** _____

* The details of Resolution of Government of India will have to be furnished, in which the caste of the candidate is mentioned as OBC

Note :

- a. Declaration/undertaking not signed by Candidate will be rejected.
- b. False declaration will render the applicant liable for rejection of application/candidature at any time.

(PRESCRIBED FORMAT FOR 'PH' CATEGORY)
Form-31

Appendix - 3d

Disability Certificate
(In cases of amputation or complete permanent paralysis of limbs
and in cases of blindness)
(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)

Recent PP size
Attested
Photograph
(Showing face
only) of the person
with disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined
Shri/Smt./Kum. _____

son/wife/daughter of Shri _____

Date of Birth _____ Age _____ years, male/female _____

(DD / MM / YY)

Registration No. _____ permanent resident of House

No. _____ Ward/Village/ Street _____ Post

Office _____ District _____ State _____

whose photograph is affixed above, and am satisfied that :

(A) he/she is a case of:

- locomotor disability
 - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) He/ She has _____% (in figure) _____ percent
(in words) permanent physical impairment/blindness in relation to his/her _____
(part of body) as per guidelines (to be specified)

Name of Location _____

Page 11 of 24

(Signature of applicant)

Name of Location _____

Page 11 of 24

(Signature of applicant)

(A) He/ She has%(in figure)..... percent
(in words) permanent physical impairment/blindness in relation to his/her-----
(part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence:-

| Nature of Document | Date of Issue | Details of authority issuing certificate . |
|--------------------|---------------|--------------------------------------------|
| | | |

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Disability Certificate
(In case of multiple disabilities)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
(See rule 4)

Recent PP size
Attested
Photograph
(Showing face
only) of the person
with disability

Certificate No. _____

Date: _____

This is to certify that we have carefully examined
Shri/Smt./Kum. _____ /son/wife/
daughter of Shri _____

Date of Birth _____ Age _____ years, male/female _____
(DD) (MM) (YY)

Registration No. _____ permanent resident of House
No. _____ Ward/Village/Street _____
Post Office _____ District _____ State _____

whose photograph is affixed above, and are satisfied that :

(A) He/she is a Case of **Multiple Disability**. His/her extent of permanent physical
impairment/disability has been evaluated as per guidelines (to be specified) for the
disabilities ticked below, and shown against the relevant disability in the table below:

Name of Location _____

Page 13 of 24

(Signature of applicant)

Name of Location _____

Page 13 of 24

(Signature of applicant)

| S. No. | Disability | Affected Part of Body | Diagnosis | Permanent physical impairment/mental disability (in %) |
|--------|----------------------|-----------------------|-----------|--------------------------------------------------------|
| 1 | Locomotor disability | @ | | |
| 2 | Low vision | # | | |
| 3 | Blindness | Both Eyes | | |
| 4 | Hearing impairment | £ | | |
| 5 | Mental retardation | X | | |
| 6 | Mental-illness | X | | |

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines(to be specified), is as follows:-

In figures:- _____ percent

In words:- _____ percent

2. This condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till _____

(DD)

(MM)

(YY)

- @ e.g. Left/Right/both arms/legs
- # e.g. Single eye/both eyes
- £ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|------------------------------------------|
| | | |

5. Signature and seal of the Medical Authority.

| | | |
|-------------------------|-------------------------|----------------------------------|
| | | |
| Name and seal of Member | Name and seal of Member | Name and seal of the Chairperson |

Signature/ Thumb impression of the person in whose favour disability certificate is issued.

(PRESCRIBED FORMAT FOR 'PH' CATEGORY)

Appendix - 3d.

Form-IV

Disability Certificate
(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
(See rule 4)

Recent PP size
Attested
Photograph
(Showing face
only) of the
person with
disability

Certificate No.

Date:

This is to certify that I have carefully examined
Shri/Smt./Kum. _____ son/

wife/daughter of Shri _____

Date of Birth _____ Age _____ years, male/female _____

(DD) (MM) (YY)

Registration No. _____ permanent resident of House

No. _____ Ward/Village _____ Street _____ Post

Office _____ District _____ State _____

whose photograph is affixed above, and am satisfied that he/she is a case
of _____ disability. His/her extent of percentage physical
impairment/disability has been evaluated as per guidelines (to be specified) and is
shown against the relevant disability in the table below:-

Name of Location _____

Page 16 of 24

(Signature of applicant)

Name of Location _____

Page 16 of 24

(Signature of applicant)

| S. No. | Disability | Affected Part of Body | Diagnosis | Permanent physical impairment/mental disability (in %) |
|--------|----------------------|-----------------------|-----------|--------------------------------------------------------|
| 1 | Locomotor disability | @ | | |
| 2 | Low vision | # | | |
| 3 | Blindness | Both Eyes | | |
| 4 | Hearing impairment | £ | | |
| 5 | Mental retardation | X | | |
| 6 | Mental-illness | X | | |

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till _____

(DD)

(MM)

(YY)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|------------------------------------------|
| | | |

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

| |
|-------------------------------------------------------------------------------------------|
| Signature/Thumb impression of the person in whose favour disability certificate is issued |
|-------------------------------------------------------------------------------------------|

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District."

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

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/parents/ grandparents (both paternal & maternal) of the applicant and third party – All the joint owners of the land (except the applicant) have to submit this affidavit individually including the member of the family unit/parents & grandparents (both paternal & maternal) of the applicant.

(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 _____ in the State of _____ as per the following details :

*** Land for Godown :**

| Names of the Joint owner(s)/Joint Lessee | Date of registration of Sale Deed / Gift Deed / Lease Deed / Date of Mutation | Khasra no./ Gatta No./Survey No. | Total Dimension of the plot of land (____ metres x _____ metres) | Dimension of Land offered as per Demarcated Plan (____metres X _____metres) |
|------------------------------------------|-------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |

*** Land for Showroom :**

| Names of the Joint owner(s)/Joint Lessee | Date of registration of Sale Deed / Gift Deed / Lease Deed / Date of Mutation | Khasra no./ Gatta No./Survey No. | Total Dimension of the plot of land (____ metres x _____ metres) | 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, duly signed by all the co-owners.

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 Gramin Vitrak.

IMPORTANT: All Applicants should enclose 'Self Declaration' as per the Format given in Appendix-1

| Item No | Instructions | Supporting Documents to be provided by applicant at the time |
|----------------|---------------------|---------------------------------------------------------------------|
|----------------|---------------------|---------------------------------------------------------------------|

| | | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 (a. to k.) | Write the particulars of the location for which application is made as per advertisement. | For Point No. 1e. - Applicants applying for locations advertised under 'SC', 'ST', 'OBC', 'SC(W)', 'ST(W)', 'OBC(W)', 'SC(GP)', 'ST(GP)' and 'OBC(GP)' category/sub-category should attach copy of their Eligibility Certificate of the respective category i.e. "SC", "ST" and "OBC" from the Competent Authority. Applicants applying for locations advertised under sub-category "SC(PH)", "ST(PH)", "OBC(PH)" should attach copy of their Eligibility Certificate from the Competent Authority of the respective category i.e. "SC", "ST", "OBC" and also their eligibility certificates in the prescribed format for Physically Handicapped (PH). Further, applicants applying for locations advertised under sub-category 'SC(GP)', 'ST(GP)', 'OBC(GP) and Open (GP)' should note that they should submit the eligibility certificate for 'GP' sub-category, as applicable from the respective competent authority, on the date of draw. |
| 2 (a. to d.) | Write the particulars of the application fee being submitted as per type of distributorship / category for the location for which application is made as per advertisement. | Demand Draft / Pay Order of the Application fee in favor of the full name of the Oil Company payable at the city of the office of the Oil Company where the application is to be submitted. |
| 3 (a. to q.) | Personal Details are to be filled and Declaration as per format given in Appendix -1 to be submitted | For Point No. 3m. Proof of Date of Birth like School Leaving Certificate/Birth Certificate/Passport / PAN Card. Copy of certificate of passing X th Standard or equivalent |
| 4 | For candidates applying under GP Category only: Tick the applicable box | Applicants applying for locations advertised under 'SC (GP)', 'ST (GP)' and 'OBC(GP)' category/sub-category should attach copy of their Eligibility Certificate of the respective category i.e. "SC", "ST" and "OBC" from the Competent Authority along with the application form. However, the eligibility certificate for 'GP' sub-category, as applicable from the respective competent authority, should be submitted on the date of draw. |

| Item No | Instructions | Supporting Documents to be provided by applicant at the time |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 | <p>Details of the plot of Land for godown or readymade godown which meets the eligibility requirement.</p> <p>Gramin Vitrak would require a storage Godown approved and licensed by Chief Controller of Explosives of Petroleum and Explosives Safety Organisation (PESO) for storage of 5000 Kg LPG in cylinders.</p> <p>The applicant should own (as per ownership criteria defined in clause No. 1.22 of the Brochure as applicable), a plot of land of minimum dimensions 21 M x 26 M (within 15 km from municipal /town /village limits of the location) for construction of LPG Godown for storage of 5000 Kg of LPG in cylinders. The plot of land for construction of godown not meeting the minimum dimensions of 21 M x 26M will not be considered.</p> <p>Or</p> <p>a ready LPG cylinder storage godown (within 15 km from municipal/town/village limits of the location offered) of 5000 Kg capacity for LPG Gramin Vitrak</p> <p>(Note : In case there are any state specific requirements/norms applicable for construction of the LPG Godown, then the same will be applicable for the respective Regular Distributorship locations and revised minimum dimensions of the plot of land will be required as specified in the advertisement of that respective State).</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 has 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 Notarized 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 Notes.</p> |
| 6 | <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 5 above.</p> |
| 7 (a. to h.) | <p>Additional Information to be furnished by SKO (Kerosene) dealers.</p> | <p>Self declaration 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> |

| | | |
|-------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 8 (a.to e.) | Additional Information to be furnished by NDNE Retailers dealers. | Self declaration as per format given in Appendix - 1 to be submitted. Copy of the NDNE Retailer Agreement with the concerned OMC. |
|-------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

Important Notes:

1. Family Unit for multiple dealership / distributorship norm means the following:
 - i) In case of married person/ applicant, 'Family Unit' will consist of individual concerned, his/her Spouse and their unmarried son(s)/daughter(s).
 - ii) In case of unmarried person/ applicant, 'Family Unit' will consist of individual concerned, his/her parents and his/her unmarried brother(s) and unmarried sister(s).
 - iii) In case of divorcee, 'Family Unit' will consist of individual concerned, unmarried son(s)/unmarried daughter(s) whose custody is given to him/her.
 - iv) In case of widow/widower, 'Family Unit' will consist of individual concerned, unmarried son(s)/unmarried daughter(s).

2. Family Unit for ownership of land for Godown/Showroom means Family unit as defined in multiple dealership / distributorship norm of eligibility criteria)/ parents (includes Step Father/Step Mother), grandparents (both maternal and paternal), Brother/Sister (including Step Brother & Step Sister), Son/Daughter (including Step Son/Step Daughter), Son-in-law/Daughter in-law of the applicant or the spouse (in case of married applicant).

3. 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.

4. 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.

Application form completed in all respects should be signed and submitted on or before the last date in an envelope sealed and super scribed with the Name of Location applied for, Name of the Oil Company on the top.