

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

For Office use
Not to be filled by applicant

Passport Size
Photograph
with specimen
signature on
the photograph

Please write name of Oil Company of the location	(BPC or IOC or HPC)
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Particular of application fee

Drawn on (name of the bank)		Payable At	
In favour of (Full name of the oil company)			

(Enclose Application processing fee of ` 1000/- (one thousand only) for all applicants except SC/ST candidate. Application processing fee for SC/ST candidates is ` 500/- (Five hundred) on enclosing SC/ST certificate.

[illegible]

Please attach copy of Eligibility Certificate of respective category from the competent authorities. Not Applicable for locations under 'Open' category.

6	Status of applicant:	Individual	YES	/	NO	if 'No' Please use the format for non-individual applicant.
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7	Applicant should enclose Affidavit as per the format given in Appendix - 1
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[illegible][illegible][illegible][illegible]

7.6	Date of Birth			-			-					Age			Years			Months			Days
		D	D	-	M	M	-	Y	Y	Y	Y	Age as on the date of application									

7.7	Marital Status	Single	/	Married	/	Widow	/	Divorcee	Strike off what is not applicable.
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[illegible]

12	FIXED DEPOSIT/NSC/SHARES/MF etc., as on date of application in the name of applicant and members of 'family unit'. Attach notarized 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.																		
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. DECLARATION BY THE APPLICANT

- a. 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.
- b. I also confirm that I am in possession of the supporting documents in original in respect of the information given by me in this application and if selected, failure to present these documents in original will result in cancellation of selection due to submission of false/unsupported information in this application.
- c. 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.
- d. 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.
- e. I am fully aware that I will have to personally manage the operation of the LPG Distributorship.
- f. 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.

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

Name of applicant _____

List of Enclosures

1. Copy of Eligibility Certificate for the category applied.
2. Demand Draft No _____ dated _____
3. Notarized Affidavit in originals per the format in Appendix -1
4. Notarized Affidavit in original as per the format in Appendix -2
5. Total number of pages of the application including attachments

Appendix - 1

Notarized Affidavit
(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 <table border="1" style="display: inline-table;"><tr><td>d</td><td>d</td></tr><tr><td>/</td><td></td></tr><tr><td>m</td><td>m</td></tr><tr><td>/</td><td></td></tr><tr><td>y</td><td>y</td></tr><tr><td>y</td><td>y</td></tr><tr><td>y</td><td>y</td></tr></table> (in words _____)		d	d	/		m	m	/		y	y	y	y	y	y
d	d															
/																
m	m															
/																
y	y															
y	y															
y	y															
3	That I passed Graduation examination from recognized University / Institution in the year* <table border="1" style="display: inline-table;"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>		y	y	y	y										
y	y	y	y													
	and / or															
	That I have passed & completed the course of Chartered Accountant in the year*	<table border="1" style="display: inline-table;"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	y	y	y	y										
y	y	y	y													
	and / or															
	That I have passed & completed the course of Company Secretary in the year*	<table border="1" style="display: inline-table;"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	y	y	y	y										
y	y	y	y													
	and / or															
	That I have passed & completed Cost Accountant examination in the year *	<table border="1" style="display: inline-table;"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	y	y	y	y										
y	y	y	y													
	and / or															
	That I have passed & completed Engineering Diploma examination in the year *	<table border="1" style="display: inline-table;"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	y	y	y	y										
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 am of sound mental health.															
6	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).															
7	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.															
8	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 there from.

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)**

Notarized Affidavit

(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 have no objection for construction of godown / showroom on the land specified in item no 9 & 10 in my name.
3. 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 (Shri/Smt/Kumari) _____ for LPG distributorship of IOC*/BPC*/HPC* at _____

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.

Solemnly affirmed and declared before me

This _____ day of _____

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

**Signature
Name of Deponent and 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 : _____
 Date : _____

Signature : _____
 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 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 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)

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL ISSUING THE CERTIFICATE

Reference No

Date

Eligibility Certificate for Paramilitary/Police/Government Personnel Category

1. @ This is to certify that Shri/Smt./Kum. _____ who was working in this office as _____ had passed away on (date) _____ at (Place) _____. Shri/Smt./Kum. _____ has been awarded (name of gallantry award) _____ in recognition of the supreme sacrifice made while _____, Shri/Smt./Kum. (name of applicant) _____ (relationship _____) was dependent on Shri/Smt./Kum. _____ as per our records.

OR

2. @This is to certify that Shri/Smt./Kum. _____ who was working in this office as _____ had passed away on (date) _____ while in action at (Place) _____ Shri/Smt./Kum. (name of applicant) _____ (relationship _____) was dependent on Shri/Smt./Kum. _____ as per our records.

OR

3. @This is to certify that Shri/Smt./Kum. (name of applicant) _____ was working in our organization _____ and has been disabled on (date) _____ while performing duties at (place) _____.

OR

4. @This is to certify that Shri/Smt./Kum. _____ who was working in this office as _____ had passed away on (date) _____ while on duty at (Place) _____ Shri/Smt./Kum. (name of applicant) _____ (relationship _____) was dependent on Shri/Smt./Kum. _____ as per our records.

OR

5. @This is to certify that Shri/Smt./Kum. _____ 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:

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 Certificate issued by the competent authority in format 3a or 3b or 3c as applicable.
5	Write the date and name of the newspaper in which advertisement has appeared for the location mentioned in item 1.	
6	Tick the status of Applicant: whether application is individual Yes or No. If No use the application format of Non-Individual Applicant	
7	Personal Details are to be filled and Notarized Affidavit as per format given in Appendix -1 to be submitted	Proof of Date of Birth 10 th Standard Board Certificate / Birth Certificate/Passport.
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 as on the Date of Application 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 metres between storage shed and the boundary wall/ fencing.</p> <p>A plot of land with minimum dimension of 26.15 metres by 27 metres 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</p>	<p>Documents pertaining to land / Godown in the name of applicant or member of 'family unit' Registered Sale Deed/ Registered Gift Deed / Registered Lease Deed (15yrs minimum) / Mutation and government record etc.</p> <p>The Date of the documents have to be on or before the date of application.</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>'Family Unit' is defined below in Important Note.</p>
10	<p>Details of the Land for showroom as on the Date of Application which meets the following requirements:-</p> <p>Own a suitable shop of minimum size 3 metres by 4.5 metre in dimension or a plot of land for construction of shop of minimum size 3 metres by 4.5 metre 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>	Documents pertaining to land / showroom in the name of applicant or member of 'family unit'. Same as mentioned in the item 9 above.

Item No	Instructions	Supporting Documents to be provided by applicant at the time of verification.
11	Amount in the Savings Bank Account in Scheduled Bank / Post Office in the name of self & the member(s) of the "Family Unit" as on the date of application only will be considered. Amount maintained in the joint account with member(s) outside the "Family Unit" should not be mentioned. Attach Notarized Affidavit as per format given in Appendix -2	Savings Bank Accounts Statement/Pass Book from which amount as on the date of application can be verified.
12	Investment in Bonds/NSCs/value as on Date of Application in the name of self and member of the "Family unit". Fixed Deposit/Term Deposit /PPF in Scheduled Bank/ Post office/ listed Companies/Government Organization / PSU - amount as on the date of application. Amount maintained in the joint account with member(s) outside the "Family Unit" should not be mentioned and will not be considered. Attach Notarized Affidavit as per format given in Appendix - 2	Original investment documents based on which amounts has been mentioned in the application
	Investments in Mutual Funds/listed company shares/ULIP based on the NAV on the date of application.	Value on the date of application as certified by the Government Approved Valuer or the concerned financial institution/ certified by Chartered Accountant.
	Amount of money which applicant can get on surrender of Insurance policy.	Certificate from the Insurance Company
13	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).	Notarized Affidavit as per format given in Appendix -1 to be submitted
Important Note : 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 should provide only that information in the application against various items, for which applicant is in possession of supporting documents in original as on the date of submission of application. Failure to present these documents in original at the time of verification can result in cancellation of selection. 3) Incase 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 Oil Company and payable at	
2	Photograph pasted and signature across photograph	
3	Copy of eligibility certificate for the category attached as applicable	
4	Notarized Affidavit in original as per format given in Appendix - 1 attached.	
5	Notarized Affidavit in original as per Appendix -2 as applicable	
6	Undertaking in at the end of application duly signed with name, date and place	
7	All pages of application are numbered and signed	
8	Total Number of pages	
9	The Application is complete in all respect	