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3. q.			victed or any charg		-		Yes	/ No
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	(Applicant sho	uld enclose	e 'Self Declaration' a		-		ap	oplicable
4		pplicants a	applying under Gov			-	Open (Gl	°),
	Please tick ($$)		/ Dependants of per or State Special force				tary force	s / Box
	in the applicable box,		l personnel of Armeo pecial forces while pe		•	y forces / Ce	entral or	Box
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	category to which you belong.	personn Central/S	/ Dependants of Cer el who died while pe State Government & ance of duties.	rformaing their dutie	s and such	n diisabled p	ersonnel	
	Navy, Air Force performance o due to attributa respective elig	e) and will If official du able causes ibility certif	applying against GF cover widows/depen ity, widows/ depende s and diabled in peac icate in original, at th	dents of those who dents of those member cents of those member ce due to attributable ne time of verification	died in war ers of arme e causes an	, war disabled d forces wh nd Ex-servio	ed, disabl to died in ceman ma	ed during harness ay ubmit
5	owned or regis commencing c specified eithe Note : 1. Applie advertisement	tered lease on any date r in the adv cants havir will also be	of the plot(s) of land e for minimum 15 ye from the date of adv vertisement or in the ng registered lease d e considered provide	ars in the name of a vertisement upto the Corrigendum (if any leed commenicng or ed the lease is valid f	pplicant / n last date c) and mee n any date j or a minim	nember of 'I of submissic ting the norr prioir to the um period c	Family Un on of appli ms specifi date of of 15 years	it' ication as ied. s from the
	Kshetriya Vitra	k, the loca location. 2	ne offered land will b tion for Godown land . In case land belong x -2.	d should be within the	e Village / o	cluster of Vi	llage limit	s as per
	Name(s) of the			Address of the	Khasra	Dimensi		Distance
	owner of Land / Leaseholder	•	registration of sale deed/gift deed/	location of the land for LPG	No./ Survey	land Length		from location in
			registered lease deed/ date of mutation	Godown	No.	u v	in metre	km
			D D M M Y Y					
	dimension of 2 8000 Kg. LPG dimension of 2 5000 Kg. LPG minimum dime capacity of 300 also be provide other applicant than one applie would be canc	25 M X 30 N (2) If you a 21 M X 26 N (1) If you a ension of 1 00 Kg. LPG ed, if requir t for this loo cant, then a elled.	ng for Sheheri or Run M or the constructed are applying for Gran M or the constructed are applying for Durg 5 M X 16 M or the co 6 (2) In case the appl red in additional shee cation and in case it all such applications	LPG Godown shoul nin Vitrak, the plot of LPG Godown shoul am Kshetriya Vitrak, onstructed LPG Godo licant has more than et. (3) The land show is found at any stage shall be rejected or	d have a m land for G d have a m the plot of own should the one la vn above s that the s if any selct	ninimum sto odown shou ininimum sto f land for Go have a mir nd the detai hould not be ame land is ion has bee	rage capa uld have r rage capa odown sho nimum sto ils of the s e offered l offered b en done, th	acity of ninimum acity of buld have orage same can by any by more
			plot that will be used to plot in metre (M) only				eu.	

6	for Godown or sho	are applying for Sheheri Vitrak, Rurban Vitrak and Gramin Vitrak, provide the followin down or showroom at the advertised location (owned or leased for minmum 15 years gs to member of 'Family Unit', attach Undertaking as per Appendix - 4. (s) of the Relationshi Date of Address of the Khasra Dime																							
	Name(s) of the owner of Land		shi			-		. of			Addi ocat				•		has o /	ra	C	Dim	ens	ion	s [#]		
	/showroom or	p with applican	t		<u> </u>			n of gift :			and			me			urve	ey			gth i	in	E	srea	dth
	leaseholder			le	eas	e/ c	late	e of		s	hov	vro	om	/		Ν	0	-	n	neti	re		ir	n m	etre
7	Additional Inform	nation : (To	o b	e fi	lled	l in	by	SK	0 [Dea	lers	5)						•							
a.	Name of the SKO I	Dealership																							
b.	Location																								
C.	District																								
d.	State																								
e.	Category of dealer	ship																							
f.	Name of the Oil Co	ompany																							
g.	Constitution of the dealership	•																							
h.			O allocation during the preceding 12 months prior to the month of is LPG Distributorship														Av. I	KL pe	er mt	h.					
8	Additional Informa	tion : (To b	e fil	lled	in l	by N	NDN	IE L	PG	Ret	aile	rs /	Dis	trib	uto	rs)									
a.	Name of the LPG N Retailer / Distribute																								
b.	Location																								
C.	District							Ĺ																	
d.	State																								
е.	Name of the Oil Co	ompany																							

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 / misrepresentated then my candidature is laible 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 Crendentilas(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 submissiion of this application form and the same is true and correct

	<u>Undertaking</u>
	daughter of /son of/ wife of hereby confirm that the information given above is true and . Any wrong information /misrepresentation/ suppression of facts will make me ineligible for this LPG torship.
Place :	Signature of applicant
Date :	d d - m m - y y y y Mame of applicant

	Note : Tick ($$) 'Yes' or 'No' as applic	cable. (All points are Mandatory	()					
t. No.			Document / Activity to be	e checked					
i		sed DD No)il Company and payat	dated dra	awn in favour of	Yes	/	No		
ii	I have paste	d my recent photograp	h and signed across the photog	graph.	Yes	1	No		
iii			lity certificate (s) for the categor		Yes	/	No	/	NA
iv			original as per format given in A		Yes	/	No	ŕ	/
V			original as per format given in A		Yes	/	No	/	, NA
vi	I have enclo	sed self declaration in as applicable	original for joint owners / joint le	essee of land as per	Yes	/	No	/	NA
vii		sed self declaration in in in as per Appendix -	original - declaration / undertak 3c.	king as applicable, for	Yes	/	No	/	NA
viii	I confirm that	t my age as on date of	f application is as per the eligibi	ility criteria.	Yes	/	No	/	NA
ix			n educational qualification as pe	-	Yes	/	No	/	N/
х	of the 'Famil the same me No.1.23 of th	y Unit' ** / my parents a eets the eligibility cond	I for Godown/ Godown, in the n and Grand parents (both mater itions including the ownership o Iso refer to Item No. 5 of Gener butorships)	nal and paternal) and criteria as per Clause	Yes	/	No	/	NA
xii	paternal) and as per Claus instructions	d the same meets the e No.1.23 of the Broch to the candidates apply	parents and Grand parents (bc eligibility conditions including th nure (please also refer to Item N ying for LPG Distributorships) dertaking at the end of the filled	ne ownership criteria No.6 of General	Yes	/	No	/	NA
	with Name, I	Date and Place.	-		Yes	/	No	/	NA
xiii			I signed all pages of the Applica		Yes	/	No	/	NA
xiv			cation including attachments is		Yes	/	No	/	NA
XV	I confirm tha have been e		mplete in all respects and the r	requisite documents	Yes	/	No	/	NA
	Date	Place	Name of applicant applicable, the applicant should	d mention in the check	Signa			licab	le"
Nhere			torship norm means the followir		, 0	-	- F 1 ^e		
	v Unit for multin		nily Unit' will consist of individua		Spouse	and			rried
Family) In ca son(s) i)In ca	ase of married)/daughter(s). ase of unmarrie	berson/ applicant, 'Fan d person/ applicant, 'F	amily Unit' will consist of individ	dual concerned, his/he	r paren	ts a	na nis/i		
Family i) In ca son(s) ii)In ca unmat iii) In c custoo	ase of married)/daughter(s). ase of unmarrie rried brother(s) case of divorced dy is given to hi	berson/ applicant, 'Fan d person/ applicant, 'F and unmarried sister(s e, 'Family Unit' will con m/her.		nmarried son(s)/unmar	ried da	ught	ter(s) w		

	SELF DECLARATION Appendix - 1 (page 1 of 2)
	(TO BE TYPED ON PLAIN PAPER)
I,	son/daughter/wife of Age
	years residing at do hereby solemnly affirm and say as under :
1 2 3 4	That I am an Indian Citizen and residing in India. That my date of birth is d d / m m / y y y y ' (in words) That I have passed Xth Standard in the year* y y y ' (in words) 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 RGGLVof 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
6 7	Marketing Companies That I am of sound physical and mental health. 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) atIntent of NDNE retailer/distributorship of
	(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.

		S	ELF DECLAF	RATION	Appendix - 1	(page 2 of 2)
12	support of applie or incorrect or fa Petroleum Corp Distributorship (such withdrawa	alse, then Indian Oil C oration Ltd. * would b if already appointed)	of the LPG Distri Corporation Ltd. ² we within its right and that I would	butorship or in / Bharat Petro s to withdraw t	this self declaration leum Corporation L the Letter of Intent/	n is found to be untrue td. */ Hindustan
13	into a Notarized	if I am selected in the affadavit prior to con er is not applicable.		•		
		hat what has been sta en concealed therefro		ie and correct	to the best of my kn	owledge and nothing
	This	day of	20			
		-		Signature c	of person making	Self Declaration
				(Name in t	block letters)	

	(To be give	en by the fa		RATION ED ON BLANK PAPER) Offined in eligibility	criteria otł		ppendix	
1	ι υ	•	Son/w				,	
Age	years reside				affirm and	say as ur	nder:-	
1	(Mr/Ms) IOC*/BPC*/HPC	C* at	ny father*/mother*/ur (location news paper date C	(name) has app n) under '	lied for LPC _' category		orship of he advertis	sement
	(Mr/Ms) IOC*/BPC*/HPC made in * Strike off which	C* at	unmarried son*/ unm (location news paper date t applicable. singly/ jointly in my r	(name) has app n) under ' ed	lied for LPC _' category 	G distribute against th	orship of he advertis	sement
2			alongwith the demar	-				in ionn.
	Godown/ Showroom	Names of the owner(s)/	Date of registration of sale deed/gift deed/ registered	Khasra No./Survey No.	the plot	of land	land demarc	ns of piece of l as per cated plan
		Lessee(s)			Length in		•	Breadth in
	(a)	(b)	mutation (c)	(d)	metre (e	in metre	metre	(f)
	()	()		(-)	(-			
3 (a)	above applicant That in case he/	∕she is sele _PG godow	e provided in case a cted for LPG distribu n / showroom (as re ot is offered)	itorship, I confirm the	at I do not ł	nave any c	objection f	or the
	construction of t the particulars g	he LPG go iven at (f) a se a piece	cted for LPG distribu down / showroom (a as per the demarcation (portion) out of the p tioned in (f))	itorship, I confirm that s required by OMC) on on the site plan e	at the abov	ve mentior	ned land, p y all co-ow	olot as per mers.
3 (b)			aid plot of land/ piece distributorship loca			not been o	offered by	me to any
4	material has bee I am aware that declaration into	en conceale if the applie a Notarized	cant is selected in th affadavit prior to co	e Draw for LPG Dist	ributorship	, I will have	e to conve	rt this
This_			_ day of	Signature Name Relationship	with applic	ant.		

Appendix 3a

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.

	son / daughter* of of the State / Union Territory* of	
Caste / Tribe and his / her relig	gion is which is recognised as a astes / Scheduled Tribes lists (modification) or	Scheduled Caste /
The Constitution (Jammu & Kashmir) So The Constitution (Andaman & Nicobar Is The Constitution (Dadra & Nagar Haveli) The Constitution (Pondicherry) Schedule The Constitution (Scheduled Tribes) (Ut	slands) Scheduled Tribes Order, 1956*) Scheduled Castes Order, 1962* ed Castes Order, 1964*	
The Constitution (Nagaland) Scheduled	Tribes Order, 1970*	
Place : Signature :		
Date : Designation :		
State / Union Territory*		
Please delete the words which are not ap	oplicable.	
Note : The terms "Ordinarily reside(s)" u Representation of the People Act, 1950.	sed here will have the same meaning as in Sec	ction-20 of the
# Officers competent to issue Caste / Tr	ibe certificates.	
	Magistrate / Collector / Deputy Commissioner / ass Stipendiary Magistrate / City Magistrate *** e / Extra Assistant Commissioner.	
ii. Chief Presidency Magistrate / Addition	nal Chief Presidency Magistrate, Presidency Ma	agistrate.
iii. Revenue Officers not below the rank	of Tehsildar.	
iv. Sub-divisional officer of the area whe	re the candidate and / or his family normally re-	sides.
v. Administrative / Secretary to Administ	rator / Development Officer (Lakshadweep).	

																													Ар	ре	ndix	(- 3l
				ST	AN	DAF	RD) F(OF	RM	AT	F	DR	ОВ	СС	AT	E	GOR	۲Y	C	ER	TI	F	ICA	T	E						
Note: A																																
claim, a				-	al, v	with	a	сор	y i	the	reot	in	the	form	n give	en t	selo	ow, is	SS	ued	b	by a	a	com	pe	ter	nt a	auth	orit	y n	otifi	ed b
he Gov	emme		india	•			_										_		_				_		_							
The fo	orm o	f the	cer	tifi	cat	e to) b	e p	ore	od	uce	əd	by '	"Ot	her	Ва	ck	war	d	Cla	ISS	ses	s"	са	nc	bit	at	es.				
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Appendix - 3c

Declaration/undertaking - for OBC Candidates

(TO BE TYPED ON PLAIN PAPER)

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 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.
- c. I am aware that if I am selected in the Draw for LPG Distributorship, I will have to convert this declaration / undertaking into a Notarized affadavit prior to ommencement of the Field verification of credentials.

(PRESCRIBED FORMAT FOR 'PH'CATEGORY APPLICANTS)

APPENDIX - 3d

(For office use only)

Date: Place:

> Signature of issuing authority Stamp

Form-II

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		
Photogra	aph	
(Showin	9	face
only) of	the p	erson
with disa	bility	

Certificate No.

Date:

This is to cer	rtify that I have ca	refully examined		
Shri/Smt./Ku	um.	•		
son/wife/dau	ighter of Shri			Date of
Birth (DD / I	MM / YY)	Age	years, male/fema	
No	perma	nent resident of I	House No.	Ward/Village/
Street		Post Office		
District	State	, whos	e photograph is affixe	d above, and am satisfied
that :			1 8 1	a above, and an satisfied

(A) he/she is a case of:

locomotor disability •

. blindness

(Please tick as applicable)

PAGE 1 of 2

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

(A) He/ She has ________ 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
n en anna an annais. Is an a' gear ann an annais		

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

Signatu	re/T	ารม	nb
impress	ion	of	the
person			
favour	di	sab	ility
certifica	16		15
issued.			

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PRESCRIBED FORMAT FOR 'PH' CATEGORY APPLICANTS

APPENDIX-3d

Recent

Attested Photograph (Showing

PP

only) of the person with disability

size

face

Form-III

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

Certificate	No.
-------------	-----

Date:

This is to certify that we	have carefully examined		
Shri/Smt./Kum	2		on/wife/
daughter of Shri		/3	Date of
Birth (DD / MM / YY)	Age	years, male/female	Date of
Registration No		permanent resident of House	
No	Ward/Village/Street	provident of House	Post
Office	District	State	Post
photograph is affixed abo	ve, and are satisfied that:	0.u.to	_, whose

e i

(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:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
- 1	Locomotor disability	@		
2	Low vision	#		د. محمد المعري معين المستخلف المدر المؤل لا توسط محمود ما العار المعر م
3	Blindness	Both Eyes		were not they are seen in the second constants
4	Hearing impairment	£	and and an and an and an and an	ana ana a mana any amin' am
5	Mental retardation	X	111 3491 Prostantin 111 111 111	anna a tha anna anna anna anna anna anna
6	Mental-illness	X		

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(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	
	and the second line second and it is a second second	certificate	
		a service of the serv	

5. Signature and seal of the Medical Authority.

			A DECEMBER OF STREET
Name and seal of Member	Name and seal of Member	Name and seal Chairperson	of the
Signature/Thumb impression of the	and an a second to be a second second second second		** <i>11</i> * **
person in whose			
favour disability Certificate is		*	
issued.			

Page 2 82

Name of Location_____

(Signature of applicant)

PRESCRIBED FORMAT FOR 'PH'CATEGORY APPLICANTS

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	P P	size
Attested		
Photogra		
(Showing		face
only) of i	ne i	person
with disa	ount	Y

Certificate No.

Date:

This is to certify that I has Shri/Smt./Kum.	ave carefully examined		
wife/daughter of Shri		son/	
Birth (DD / MM / YY) _ Registration No.	Age years, male/fem permanent resident of House	Da	ate of
No Office	Ward/Village/ Street	Post	
to make the second s	District St	and the second se	iose

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:-

S. No.	Disability	Affected Part of Body		Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@	(mark) () and mark a summary as a	and a submit (m 76)
2	Low vision	#	n	
3	Blindness	Both Eyes	and the second second	
4	Hearing impairment	£		an a
5	Mental retardation	X		anna an
6	Mental-illness	x		

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

page 10/2

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
a second of the second se	a new consequence of the second se	certificate
	B start i start of a start of	
	the second second second second second second second second second	the second se

(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)}

Signatu	re/7	hur	nb
impress	ion	Ōf	the
person	in	wh	iose
favour		sab	ility
certifica	te		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."

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C	ertificate is to be given by Head of the Off	fice or an Officer not below the rank of	Inder Secretary to the
	Government on Official Letter-Head of the		
fe	rence No.		
te			
	Eligibility Certificate for Para	amilitary/Police/Government/PSU Pe	ersonnel Category
		who was working in this office as	
		Mr/Mshas bee	
	gallantry award)in recognition	n of the supreme scarifice made while_	
	Mr/Ms (name of applicant)	(relationship	_) was dependent on
	Mr/Msas per our rec	ords.	
		OR	
	# This is to certify that Mr /Mrs	who	was working in this office
		date)while in acti	
	(Place)		
	Mr/Ms (name of applicant)	(relationship) was dependent on
	Mr/Msas per our rec		-
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matern have to	aking for offer of land from r nal) of the applicant and th o submit this affidavit individu paternal & maternal) of the ap	hird party – All th ually including the	e joint owners	of the land (except	pt the applicant)
(Dom b	aleman a maleman or the ap	(TO BE TYPED O)N PLAIN PAPEF	२)	
I				, age	years
1	It of do hereby solemnly affirm a That I, Shri/Smt Khasra/Survey No Taluka/Tehsil per the following details :	, own a piec at	(village/tow	vn),	
ſ	* Land for Godown :				•
	Names of the Joint Owner(s) / Joint Lessee	Date of registration of Sale Deed / Gift Deed / Lease Deed / Date of Mutation	INO / SURVAV INO	the plot of land (metres x	Dimension of Land offered as per Demarcated Plan (metres X metres)
		······································			
I	* Land for Showroom :				
	Names of the Joint Owner(s) / Joint Lessee	Date of registration of Sale Deed / Gift Deed / Lease Deed / Date of Mutation		,	Dimension of Land offered as per Demarcated Plan (metres X metres)
ļ	* Strike out w hichever is no	tannlicable			
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 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 godow n and/or show room (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.			news paper dated e any objection for bove mentioned	
3	I hereby verify that what has been stated above is true and correct to the best of my knowledge, and nothin 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.				
	I/ We am/are aware that if the applicant is selected in the Draw for LPG Distributorship, I will have to convert this declaration into a Notarized affadavit prior to commencement of the Field verification of credentials of the applicant.				
	Thisday of	month of _	year		
	Name(s)		Siç	gnature	

	General Instructions to the candidat	es applying for LPG Distributorship.
ltem	Instructions	Supporting Documents to be provided by applicant
No		
1 (a. to k.)	Write the particulars of the location for which application is made as per advertisement.	For Point No. 1 e 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. 3 (m), 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.

	General Instructions to the candidate	tes applying for LPG Distributorship.	
ltem	Instructions	Supporting Documents to be provided by applicant	
No			
5	Details of the plot of Land for godown or ready made godown which meets the eligibility requirement as given below:	Documents pertaining to land / Godown in the name of applicant or member of 'family unit' Registered Sale Deed/ Gif t Deed / Lease Deed (15yrs minimum) / Mutation and government record etc.	
	Sheheri Vitrak or Rurban Vitrak would require a storage Godown approved and licensed by Chief Controller of Explosives of Petroleum and Explosives Safety Organisation (PESO) for storage of 8000 Kg LPG in cylinders. The applicant should 'Own' (as per ownership criteria defined in clause No. 1.23 of the Brochure as applicable), a plot of land of minimum dimensions 25 M x 30 M in the city or within 15 km from the outer limits of the municipal /town /village limits of the location in the same state for construction of LPG Godown for storage of 8000 Kg of LPG in cylinders Or, a ready LPG cylinder storage godown in the city or within 15 km from the outer limits of the	The Date of the documents have to be on or bef ore the last date f or submission of application as mentioned in the advertisement or corrigendum, if any. 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. In case land is jointly owned by the applicant/member of the Family Unit w ith 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	
	municipal /town /village limits of the location in the same state, of capacity 8000 Kg. Note : The plot of land for construction of godown not meeting the minimum dimensions of 25 M x 30 M will not be considered,	name of the applicant/member of the Family Unit meets the requirement of land f or godown then an NOC in the form of an Undertaking from the joint owner(s)/joint lessee is to be provided as per Appendix-4 'Family Unit' is defined in the Brochure under Point No. 1.23 and also in the Important Notes given below at Point	
	Gramin Vitrak would require a storage Godown approved and licensed by Chief Controller of Explosives of Petroleum and Explosives Saf ety Organisation (PESO) for storage of 5000 Kg LPG in cylinders. The applicant should 'Own' (as per ownership criteria defined in clause No. 1.23 of the Brochure as applicable), a plot of land of minimum dimensions 21 M x 26 M (within 15 km from the location) for construction of LPG Godown for storage of 5000 Kg of LPG in cylinders. , Or, a ready LPG cylinder storage godown (within 15 km from the location) of capacity 5000 Kg. Note : The plot of land for construction of godown not meeting the minimum dimensions of 21 M x 26M will not be considered.	No. 2.	

		tes applying for LPG Distributorship.	
5	DKV Vitrak would require a storage Godown approved and licensed by Chief Controller of Explosives of Petroleum and Explosives Saf ety Organisation (PESO) for storage of 3000 Kg LPG in cylinders. The applicant should 'Own' (as per ownership criteria defined in clause No.	Documents pertaining to land / Godown in the name of applicant or member of 'family unit' Registered Sale Deed/ Gif t Deed / Lease Deed (15yrs minimum) / Mutation and government record etc. The Date of the documents have to be on or bef ore the	
	1.23 of the Brochure as applicable), a plot of land of minimum dimensions $15 \text{ M} \times 16 \text{ M}$ (within the village/cluster of village limits as per	last date f or submission of application as mentioned in the advertisement or corrigendum, if any.	
	the advertised location) for construction of LPG Godown for storage of 3000 Kg of LPG in cylinders. , Or, a ready LPG cylinder storage godown (within the village/cluster of village limits as per the advertised location) of capacity	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.	
		In case land is jointly owned by the applicant/member of the Family Unit w ith 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	
	(Note : In case there are any state specific requirements/norms applicable for construction of the LPG Godown, then the same will be	the requirement of land f or godown then an NOC in the form of an Undertaking from the joint owner(s)/joint lessee is to be provided as per Appendix-4	
	applicable for the respective Distributorship locations and revised minimum dimensions of the plot of land will be required as specified in the advertisement of that respective State). The plot of land or ready LPG cylinder storage godown 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.	'Family Unit' is defined in the Brochure under Point No. 1.23 and also in the Important Notes given below at Point No. 2.	
6	Details of the Land for Showroom / Showroom which meets the following requirements:-	Documents pertaining to land / showroom in the name of applicant or member of 'family unit'. Same as mentioned in the item 5 above.	
	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.		
7 (a to h)	Additional Information to be furnished by SKO (Kerosene) dealers for item No.a. to h.	Self declaration as per format given in Appendix - 1 to be submitted.	
8 (a to e)	Additional Information to be furnished by NDNE Retailers dealers for item No. a. to e.	Self declaration as per format given in Appendix - 1 to be submitted. Copy of the NDNE Retailer Agreement with the concerned OMC.	

General Instructions to the candidates applying for LPG Distributorship.

Important Notes :

1. 'Family Unit'** for multiple dealerships/distributorships norms mean the following :

In case of married applicant, 'Family Umit' will consist of individual concerned his / her spouse and their unmarried son(s) /daughters(s).

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

iii) In case of divorcee, 'Family Unit' will consist of individual concerned, unmarrie 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. 'Ownership' or 'Own' for godown / showroom for Sheheri Vitrak, Rurban Vitrak, Gramin Vitrak and Durgam Kshetriya Vitrak Type of Distributorship means having :

a. Ownership title of the property

Or

b. Registered lease deed having minimum 15 yrs of valid lease period commencing on any day from the date of advertisement up to the last date of submission of application as specified either in the advertisement or corrigendum (if any).

Additionally, applicants having registered lease deed commencing on any date prior to the date of advertisement will also be considered provided the lease is valid for a minimum period of 15 years from the date of advertisement. The applicant should have ownership as defined under the term 'Own' in the name of applicant / member of "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) as on last date for submission of application as specified either in the advertisement or corrigendum (if any). In case of ownership/co-ownership by family member(s) as given above, consent in the form of a declaration from the family member(s) will be required.

In case the share of land in the jointly owned property by the applicant / member of 'Family Unit' as defined in multiple dealership / distributorship norm)/parents & grandparents (both maternal and paternal) of the applicant or the spouse with any other person(s) meets the requirement of land including the dimensions required, then that land for godown/showroom will qualify for eligibility as 'own' land subject to submission of 'No Objection Certificate' in the form of declaration from other owner(s).

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.

5. 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.