APPLICATION FORM FOR ALLOTMENT OF DGR ELIGIBILITY CERTIFICATE FOR ALLOTMENT OF LPG DEALERSHIP/DISTRIBUTORSHIP FOR SHEHERI VITRAK, RURBAN VITRAK, GRAMIN VITRAK AND DURGAM KSHETRIYA VITRAK TYPE OF DISTRIBUTORSHIP ADVERTISED AGAINST 'GOVERNMENT PERSONNEL (GP)' QUOTA

ESM/WIDOW/DEPENDENT (Tick () one)

1. Name of applicant : _____ 2. Father's Name of applicant : 3. Tele No & Mobile : 4. E-mail ID (if any) : 5. Address : No. Rank & Name of Service Personnel : _____ 6. 7. Relationship with Service Personnel : 8. Death Certificate of Service Personnel with attributable/aggravated cause to military service : 9. Percentage of Disability with attributable/ aggravated cause to military service :

10. Nature of pension :

11. No. and date of PPO (including corrigendum attached copy) :

12.	Whether employed / unemployed :
13.	Educational Qualification :
14.	Aadhar Card Number (Copy Attached) :
15.	Any other benefit taken from DGR :
16.	Location(s), Distt. & State applied for :
17.	Agency (RO / LPG / KSK) :
18.	Name of Oil Company :

19. Last date of submission of application to the Oil Company : _____

"I hereby certify that to the best of my knowledge the particulars given above are correct and I have hidden nothing while stating the above facts. No part of it is false and no material has been concealed therein. If any information/declaration given by me in my application or in any document submitted by me found to be untrue or false or incorrect, DGR would be within its rights to cancel the Eligibility Certificate issued to me".

Date :

(Signature of Applicant)

AFFIDAVIT BY (ESM/WIDOW/DEPENDENT) FOR ALLOTMENT OF DGR ELIGIBILITY CERTIFICATE FOR LPG DEALERSHIP/DISTRIBUTORSHIP FOR SHEHERI VITRAK/ RURBAN VITRAK/GRAMIN VITRAK/DURGAM KSHETRIYA VITRAK DISTRIBUTORSHIP ADVERTISED UNDER 'GOVERNMENT PERSONNEL (GP)' CATEGORY

(MENTION THE CATEGORY / SCHEME APPLIED FOR ONLY)

(To be typed on appropriate Non-Judicial stamp paper of Rs. 10/-)

ESM/Widow/Dependent of _____ S/o / D/o of

I,

A	Age	Years resident of
	·9•	

_____ do hereby solemnly affirm and state

as under: -

1.

(a) That I am an Indian National.

(b) I am an Ex-servicemen.

(b) I am a disabled ESM and my disability is attributable/aggravated to military service.

<u>OR</u>

(b) That I am the widow/son/daughter of Late _____

whose death is attributable/aggravated to Military Service and not remarried

(widow)/married (son/daughter).

(c) That I am applying for issue of Eligibility Certificate from DGR for allotment

of Oil Product Agencies (LPG/RO/KSK) under ______Scheme

as advertised by IOCL/BPCL/HPCL/IBP) for the place/location

⁽d) I have neither availed of a similar concession for myself or for any of my

daughter(s) has/have dealership/distributorship or hold Letter of Intent for any Oil Product Agencies of any oil company. I further confirm that I was never a signatory to a dealership/distributorship agreement of any oil company, which was terminated or proved for adulteration/ malpractices.

(e) That I have not relinquished my right ever before and shall not reclaim in future. (in case of widows/dependents only)

(f) That I fulfill requisite educational qualification as specified by the Oil Company for the Scheme.

(g) That I am unemployed / employed and will resign from the employment & produce the letter of acceptance of resignation by the employer before the issuance of letter of intent.

(h) That I have gone through all the relevant clauses of Terms and Conditions specified by the Oil Company, understand them and shall abide by them.

2. I hereby verify that what has been stated above is true to the best of my knowledge and belief and no material has been concealed there from. If any information / declaration given by me in my application or in any document submitted by me in support of application for the issue of Eligibility Certificate or in this affidavit shall be found to be untrue or incorrect or false/fake, DGR would be within its rights to cancel the Eligibility Certificate and that I would have no claim, whatsoever, against DGR for such cancellation.

(Strike out whichever is not applicable)

Solemnly affirmed and declared before me

This _____ day of _____

RELINQUISHMENT DEED BY WIDOW/DEPENDENT FOR ALLOTMENT OF DGR ELIGIBILITY CERTIFICATE FOR LPG DEALERSHIP/DISTRIBUTORSHIP FOR SHEHERI VITRAK/ RURBAN VITRAK/GRAMIN VITRAK/DURGAM KSHETRIYA VITRAK DISTRIBUTORSHIP ADVERTISED UNDER 'GOVERNMENT PERSONNEL (GP)' CATEGORY

(MENTION THE CATEGORY / SCHEME APPLIED FOR ONLY)

(To be typed on appropriate Non-Judicial stamp paper of Rs. 10/-)

I,	I, widow of Late						
No _	Rank	Name	Age	Years			
resic	ent of		do hereby solemnl	ly affirm			
and	say as under: -						
(a)	I am an Indian Natio	onal.					
(b)	I am a widow/Deper	ndent of		whose			
deat	n is attributable/aggrav	vate to military service and	I not remarried (widow)/ma	rried			
(son	/daughter).						
(c)	I have neither availe	ed a similar concession of	myself or for any of my				
warc	s/spouse nor me or m	y dependent mother/fathe	r/husband/wife/sons(s) has	s/have			
deal	ərship/distributorship o	or hold letter of intent for a	ny Oil Product Agencies of	any oil			
com	oany. I further confirm	that I was never a signato	ry to a dealership/distributo	orship			
agre	ement of any oil comp	any, which was terminated	d for proved adulteration/				
malp	ractices.						
(d)	I	_ hereby relinquish my rig	ht for allotment of Retail O	utlet			
/LPG	/KSK by IOCL/BPCL/I	HPCL/IBP under	Scheme for the p	lace			
/loca	tion	to my dependent son/d	aughter* (unmarried)				
(Nan	າe)	whose Date of Birth is					
and is unemployed and wholly dependent on me. I have no objection in DGR issuing							
Eligil	bility Certificate to him/	/her for availing the facility	under S	cheme.			

(e) I have not relinquished my right ever before and shall not reclaim in future.

2. I hereby verify that what has been stated above is true to the best of my knowledge and belief and nothing material has been concealed there from. If any information / declaration given by me in my application or in any document submitted by me in support of application for the issue of Eligibility Certificate or in this affidavit shall be found to be untrue or incorrect or false/fake, DGR would be within its rights to cancel the Eligibility Certificate and that I would have no claim, whatsoever, against DGR for such cancellation.

(Strike out if not applicable)

Solemnly affirmed and declared before me

This _____ day of _____

AUTHORITY LETTER

1.	I Shri / Smt / ESM	Widow of/Self			of/Self
		_ Late			hereby authorize
Shri			_ S/o Sh		
to co	llect Eligibility Certificate on	my behal	f.		
2. Hi	s / Her three Specimen sigr	atures are	e appended below		

Photograph of the Applicant (To be Attested by RSB/ZSB) Photograph of the Authorised Representative (To be Attested by RSB/ZSB)

Date:

Signature of Applicant

COUNTERSIGNED

Signed by (Zila Sainik Welfare Officer) with office stamp