

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 : _____

6. No. Rank & Name of Service Personnel : _____
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/-)

1. I, _____

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

_____ Age _____ Years resident of

_____ do hereby solemnly affirm and state

as under: -

(a) That I am an Indian National.

(b) I am an Ex-servicemen.

OR

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

OR

(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

wards nor me or my dependent father/mother/husband / wife / son(s) /

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, _____ widow of Late _____
No _____ Rank _____ Name _____ Age _____ Years
resident of _____ do hereby solemnly affirm
and say as under: -

(a) I am an Indian National.

(b) I am a widow/Dependent of _____ whose
death is attributable/aggravate to military service and not remarried (widow)/married
(son/daughter).

(c) I have neither availed a similar concession of myself or for any of my
wards/spouse nor me or my dependent mother/father/husband/wife/sons(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 for proved adulteration/
malpractices.

(d) I _____ hereby relinquish my right for allotment of Retail Outlet
/LPG/KSK by IOCL/BPCL/HPCL/IBP under _____ Scheme for the place
/location _____ to my dependent son/daughter* (unmarried)
(Name) _____ whose Date of Birth is _____

and is unemployed and wholly dependent on me. I have no objection in DGR issuing
Eligibility Certificate to him/her for availing the facility under _____ Scheme.

(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)

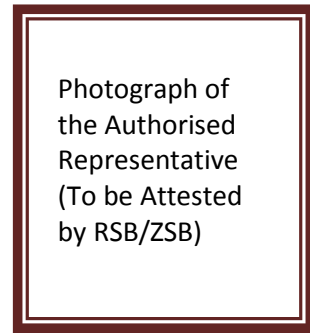
Solemnly affirmed and declared before me

This _____ day of _____

AUTHORITY LETTER

1. I Shri / Smt / ESM _____Widow of/Self
_____ Late _____ hereby authorize
Shri _____ S/o Sh. _____
to collect Eligibility Certificate on my behalf.

2. His / Her three Specimen signatures are appended below.



Date:

Signature of Applicant

COUNTERSIGNED

Signed by
(Zila Sainik Welfare Officer)
with office stamp