

**APPLICATION FORM FOR OPA/RGGLV/REGULAR LPG
DISTRIBUTORSHIP SCHEME (TICK (✓) THE SCHEME APPLIED
FOR)**

ESM/WIDOW/DEPENDENT (Tick (✓) one

1. Name of applicant : _____

2. Father's Name : _____

3. Tele No & Mobile : _____

4. E-mail ID (if any) : _____

5. Address : _____

6. No., Rank & Name of Service Pers : _____

7. Relationship with service personnel : _____

8. Death Certificate of service personnel with attributability/
aggravation to military service : _____

9. Percentage of Disability with attributability/ aggravation 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. Any other benefit taken from DGR : _____
- 15. Location (s), Distt. & State applied for : _____
- 16. Agency (RO / LPG / KSK) : _____
- 17. Name of Oil Company : _____
- 18. Last date of submission of application
With 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 / representative)

**AFFIDAVIT BY (ESM/WIDOW/DEPENDENT) FOR
OPA/RGGLVY/REGULAR LPG DISTRIBUTORSHIP SCHEME**

(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 a disable ESM and my disability is
attributable/aggravate to military service.

OR

(b) That I am the widow/son/daughter of Late
_____ whose death is
attributable/aggravate 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 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 whichever is not applicable)

Solemnly affirmed and declared before me

This _____ day of _____

**RELINQUISHMENT DEED BY WIDOW/DEPENDENT FOR
OPA/RGGLVY/REGULAR LPG DISTRIBUTORSHIP SCHEME**

(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 /
Self _____Late _____
here by authorize Shri _____ S/o Sh.
_____ to collect Eligibility Certificate on
my behalf.

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

Photograph of
Applicant
(To be attested
by ZSB)

Photograph of
Applicant
(To be attested
by ZSB)

Date:

Signature of applicant

COUNTERSIGNED

Signed by
(Zila Sainik Welfare Officer)
with office stamp