

9 Details of land for construction of LPG godown & showroom.

The land should be suitable, in contiguous plot, freely accessible through all weather motorable approach road. The plot should be free from live overhead power transmission / telephone lines. Pipelines / Canals / Drainage / Nullahs / Public Roads should not pass through the plot. The land should be in advertised location. **Dimension of the land should be - minimum 20 metre X 24 metre.**

<p>Do you own a suitable land at advertised location for LPG godown & showroom? (Own means having clear ownership title of the property in the name of applicant / family member of the 'Family Unit' . 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. In case of family member, consent letter from the family member will be required.)</p>	/	YES / NO
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If 'NO', Applicant is not eligible.

Please strike off what is not applicable

Provide the following details. In case land belongs to member of 'Family Unit', attach notarised affidavit as per Appendix - D

Name(s) of the owner of Land	Relationship with applicant	Date of registration of sale deed/gift / date of mutation	Address of the location of the land for LPG Godown	Khasra No/Survey No	Dimensions of land *	
					Length in metre	Breadth in metre

* Give the dimensions of the plot that will be used for proposed godown out of the total land owned by the applicant.

10 Financial Capability.

Note : Marks will be awarded to the applicant on Financial Capability based on the information given below by the applicant on Annual Income, Amount in Savings Bank Account/ Investments, Value of Assets and Amount of loan from Banks/Financial Institution. On verification, if it is found that the information given by the applicant is incorrect/ false/ misrepresented then the applicant's candidature will stand cancelled and the candidate will be ineligible for this RGGLV.

10.1 Annual Income of Last Financial Year: Rs

Amount in words _____

If you are income tax payee/payer please mention PAN number

Income pertaining to last Financial Year should be given. Attach notarized affidavit as per **Appendix- B**

10.2 **AMOUNT IN SAVINGS BANK ACCOUNT** as on the date of application in the name of applicant and members of 'family unit'. For the amount mentioned against the member of 'family unit' marks will be awarded based on the amount mentioned in the affidavit made by member(s) of 'family unit' the as per format given in **Appendix-C.**

S.N	Name of Bank	S. B. A/C No.	Name of account holder (s)	Relation with applicant	Amount as on date of application.
1					Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
2					Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
3					Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
4					Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
TOTAL					Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>

Total amount in words.

10.3 **FIXED DEPOSIT/NSC/SHARES/MF ETC** as on date of advertisement in the name of applicant and members of 'family unit'. Attach affidavit as per format given in Annexure-C 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 advertisement.
1						Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
2						Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
3						Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
4						Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
Total						Rs <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>

Total amount in words.

10.4 **OTHER ASSETS / PROPERTY OF FAMILY** as on the date of advertisement in the name of applicant and members of 'family unit'. Attach affidavit as per format given in **Appendix-C** from member(s) of 'family unit'.
(Note: Gold should not be included)
 Value on the date of advertisement as certified by the Government Approved Valuer.
 The valuation of assets with regard to Land for godown mentioned in item 10 should not be included.

S.No	Details of the Property	Name of holder	Relation with the applicant	Value as per Government approved valuer												
1				Rs												
2				Rs												
3				Rs												
Total				Rs												

Total amount in words.

10.5 Details of the loan which can be obtained from Schedule Banks / Financial Institutions based on Bankers / Financial Institution certificate to extend loan as per **Appendix-D** **If no specific amount is mentioned then no marks will be awarded.**

Name and address of the Bank / Financial institution	Date of certificate	Amount of Loan
	d d - m m - Y Y	

DECLARATION BY THE APPLICANT

I am aware that evaluation of candidates will be done 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 RGGLV. 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.

I am fully aware that after selection if I am unable to provide LPG Godown duly approved by the Office of Chief Controller of Explosives (PESO) and Showroom as per the Oil Company's standard layout, then the offer of RGGLV made to me will automatically stand cancelled.

I am fully aware that I will not be appointed as RGGLV 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.

I am aware that if married, my spouse will be co-owner of RGGLV with me.

That, if selected, I undertake that I will deposit an interest free Security as per the policy of the Corporation.

I have read the terms and conditions applicable for the RGGLV mentioned in the advertisement and confirm that I fulfill the eligibility criteria for the RGGLV I have applied for in this application.

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 RGGLV.

Place : _____ **Signature of applicant** _____

Date :

d	d	-	m	m	-	y	y	y	y
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Name of applicant _____
 (Name in block letters)

List of Enclosures

- 1 Attested copy of Eligibility Certificate for the category applied.
- 2 Demand Draft No _____ dated _____
- 3 Affidavit in original as per the format in Appendix A
- 4 Affidavit in original as per the format in Appendix-B
- 5 Affidavit in original as per the format in Appendix-C
- 6 Letter from Bank/Financial Institution in original as per format in Appendix-D

Total number of pages of the application including attachments _____

General Instructions to the candidates applying for RGGLV.

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 Gram Panchayat of the location for which application is made as per advertisement.	
3	Write the name of the district of the location for which application is made as per advertisement.	
4	Write the name of the State of the location for which application is made as per advertisement.	
5	Write the name of the category of the location as per the advertisement	Certificate issued by the competent authority. Caste validity Certificate as applicable.
6	Write the date and name of the news paper in which advertisement has appeared for the location mentioned in item 1.	
7	For item no 7.1 to 7.8	Notorised Affidavit -A to be submitted A residency certificate in the standard format from the competent authority.
8	Education : - Information in chronological order	Original certificate for each qualification
9	Details of land for construction of godown & showroom:- In case applicant does not provide any information, then it will be deemed that applicant does not have required land and hence applicant will be ineligible for RGGLV.	
	Please provide the details of Land as per the format.	Registered Sale Deed/ / gift deed / Mutation and government record etc. The Date of the documents have to be on or before the date of application. Consent from the family member in form of Notorized Affidavit (Appendix - C) is required. If required, certificate from the concerned authority stating that the land is free from live overhead power transmission or telephone lines.
10	Financial Capability	
10.1	Gross Annual Income of the "Family Unit" for the last financial year. The income should include income from all sources such as salary, property, interest, dividend, business/ profession/ vocation, agriculture and other sources, if any.	Notorised Affidavit as per Appendix-B and all the documents based on which the Income is shown in the Affidavit.
	If the applicant is an Income Tax Assessee, the details of income as shown in the Annual Income Declaration should conform to those indicated in the income tax return for the relevant financial year.	
	If, however, the applicant is not an Income Tax Assessee then the details are required to be supported with other relevant document(s) some of which are mentioned below for illustration purpose only.	
	a) Gross Salary:- A certificate from the employer(s) indicating the total emoluments paid b) Income from property:- Rent as declared and assessed for the purpose of tax. c) Interest on Bank Deposits - Letter issued by competent authority from Bank(s) showing the actual amount paid/credited as interest. d) Income from business/profession/vocation/shares and other investment/other sources: Certificate from Chartered Account in support of the income indicated under each of these heads will be required. The applicant may also be required to produce any other documentary proof in support of the income indicated. e) Income from agriculture: A certificate from Mamlatdar/ Tehsildar stating out clearly the location of the agricultural land the income there from	

10.2	Amount in the Saving Account 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.	Notorized Affidavit as per Appendix-C and Savings Bank Accounts Statement/Pass Book from which amount as on the date of application can be verified.
10.3	Investment in Fixed Deposit/Bonds/NSCs/Mutual Funds/Shares/ULIP value as on Date of Advertisement in the name of self and member of the "Family unit". Amount maintained in the joint account with member(s) outside the "Family Unit" should not be mentioned. and will not be considered.	Notorized Affidavit as per Appendix-C and original investment documents based on which amounts has been mentioned in the application
	Fixed Deposit/Term Deposit etc in Bank- amount as on the date of advertisement should be taken from the Bank	Bank Statement or letter from the Bankers certifying the amount in FD/Term deposit as on the date of advertisement
	Investments in Mutual Funds/listed shares/ULIP based on the NAV on the date of advertisement.	Value on the date of advertisement as certified by the Government Approved Valuer or the concerned financial institution/ certified by Chattered Accountant.
	Amount of money which applicant can get on surrender of Insurance policy or as loan against the policy as on the date of advertisement.	Certificate from the Insurance Company
10.4	Other assets / Property(immovable) in the name of the member of the "Family Unit" as on the date of advertisement. Assets/Property in the name of joint account of the member(s) outside the "Family Unit" should not be mentioned.(Note: Gold should not be included). The valuation of assets with regard to Land for godown mentioned in item 10 should not be included.	Valuation certificate by Government Approved Valuer should give the the Value of assets as prevailing on the date of advertisement. Date of Valuation Certificate should between date of advertisement and date of application.
10.5	Amount based on the certificate / letter from a Schedule Banks / Financial Institutions to extend loan as per Annexure D. In case no specific amount is mentioned then it shall be taken as nil and no marks will be awarded.	As per Appendix-D

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. 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.

Check list for Applicants

S.No	Particulars to be checked	Check box
1	DD attached - verify amount, drawn in favour of concerned company and payable at	
2	Photograph pasted and signature across photograph	
3	Eligibility certificate for the category attached as applicable	
4	Notorised Affidavit as per Appendix - A as applicable attached.	
5	Notorised Affidavit as per Appendix - B as applicable	
6	Notorised Affidavit as per Appendix - C	
7	Certificate as per Appendix - D as applicable	
8	Declaration by Applicant at the end is duly signed with name, date and place.	
9	All pages of application are numbered and signed.	
10	The Application is complete in all respect.	

(NOTORISED AFFIDAVIT)

Appendix - A

(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 resident of (name of Village), (Gram Panchayat) , (District) in the State of _____

2 That my date of birth is [d d / m m / y y y y] (in words _____)

3 That I have passed Std X or equivalent examination in the year [y y y y] and

That I have passed Senior Secondary i.e.(10+2) CBSE or equivalent examination in the year * [y y y y]

and That I have passed Graduation examination in the year * [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 RGGLV 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 therefrom.

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)

(NOTORISED AFFIDAVIT) **Appendix-B**
 (TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE)

DECLARATION OF ANNUAL INCOME

I, _____ son/daughter/wife of _____ Age _____ years residing at _____ do hereby solemnly affirm and declare details of my gross annual income as under :

Please give details of income of the last financial year (20- /--)
 Gross income should be indicated and not net income

Details of Gross Annual Income in Rupees

Relationship	Gross Salary	Property (net income)	Interest/ Dividend	Business (net profit)	Professional Income (Net of	Income from Agricultur	Income from other	Total (I+II+III+ IV+V+VI+VII)
	I	II	III	IV	V	VI	VII	VIII
1. Self								
2. Spouse								
3. Unmarried son/daughter								

In case Applicant is unmarried, income of mother, father, unmarried brother(s)/unmarried sister(s) can be given in case notrasied affidavit as per Appendix-D is attached.

1. Father								
2. Mother								
3. Unmarried sister(s)/brother(s)								

I hereby declare that I am an Income Tax payer and I am attaching here with the copy of my Income Tax Return for the above Financial Year.*

I hereby declare that I am not an Income Tax payer.*

* Strike off whichever is not applicable

Solemnly affirmed and declared before me

This _____ day of _____.

Signature and Seal of Magistrate / Judge / Notary Public

Signature of Deponent
 Name in Block letter)

1 It is important to give precise information under each head i.e. I to VII, if income under any head is NIL, then it should be indicated specifically as NIL and not left blank.

2 If the applicant is payee of Income Tax, a copy of Income Tax Return should be attached

(NOTORISED AFFIDAVIT)

Appendix-C

(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 RGGLV 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 RGGLV 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 RGGLV I will provide financial assistance to the extent of
Rs _____ which is mentioned at Item no.10 under my name in the application submitted by
(Mr/Ms) _____ for RGGLV of IOC*/BPC*/HPC* at

3 That in case he/she is selected for RGGLV I have no objection for construction of godown / showroom on
the land specified in item no 9 in my name.

I hereby verify that what has been stated above is true and correct to the best of my knowledge, and nothing has been

Solemnly affirmed and declared before me

This _____ day of _____

Signature and Seal of Magistrate/Judge/Notary public

Signature
Name of Deponent
Relationship with applicant.

Appendix-D

Format for obtaining Credit worthiness certificate from the Bankers, from a Scheduled bank / Financial institution on their **Letter Head** and enclosed with the application. Please note that amount must be mentioned. If no specific amount is mentioned no marks will be awarded.)

TO WHOMSOEVER IT MAY CONCERN

Shri / Smt / Kum / M/s- is a customer of this bank for last Years and he / she / they is / are enjoying the following facilities from our bank / institution:

- a)
- b)
- c)

During the above period, the dealings of Shri / Smt / Kum / M/s-with the bank and his / her / their conduct has been satisfactory. In case, RGGLV is allotted to him / her /them, we will be willing to extend a loan of Rs..... (In words_____) towards financing the same.

Signature

Name and Designation

Office seal

Date

STANDARD RESIDENCE CERTIFICATE
(To given by the selected candidate at the time of Verification)

This is to certify that Shri/Smt/Kum. _____
son/daughter/wife of _____ is a resident of (name of town/village) _____
District _____ State _____ for _____ years.

This certificate is issued for the purpose of applying for Rajiv Gandhi Gramin LPG Vitrak at _____

Date _____

Place _____

(_____)

signature of
Dy. Tehsildar / Tehsildar
Dy. Mamlatdar/Mamlatdar
(Seal of Office)

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 : _____ Signature : _____

Date : _____ Designation : _____

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

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

I This is to certify that Mr/Ms (name of applicant)_____ was working in our organization _____ and has been disabled on (date) -----while performing duties at (place)_____.

OR

II This is to certify that Mr /Mrs _____ who was working in this office as _____ had passed away on (date) _____ while on duty at (Place)_____

Mr/Ms (name of applicant) _____ (relationship _____) was dependent on Mr/Ms _____ as per our records.

Attested Signatures of applicant

Place : _____

Date : _____

Signature : _____
Name : _____
Designation : _____
Office Seal : _____
