																						liers POIN										
				T	1			1	1	1	1		1	D	D	/	Μ	Μ	/	V	V	V	V		r					_		
				_						_						/			/	T	T	T	T				_					
					Offi	ce C	ode			Se	rial	NO.			D	ate	of re	eceip	ot of	app	licat	lon							ort s aph			
		ar of Ap	· ·	tion	Fee	s	1		Rs							1						1		1	s	-		-	-		re of	:
De	emand Draft	Numbe	r									Da	ate				/			/					ар	plic	ant	on	ph	oto	grap	h
	i on (name c		,												F	Paya	ble A	٩t														
In favo	our of ( Full r	ame of	the c	oil co	ompa	ny)																								—		
Applic	cation proce	ssing fee	e of R	s100	)000/·	- (Te	n th	ousa	and	only	) to	be e	enclo	sed	by a	ill ap	plica	ants	app	lyinį	g for	ESPS	6 dist	tribu	tors	hip.						
1	Name of th		ion		I	1	1	1	1	1	r		1	1	1	r	1	1	1	1				1	1	1	1	1		_		_
1 2	Name of th Rev. Dist.	le Locat	ion																													
3	State																															
4	Adv	ertised	on		D/	ΛTE				/	[		/			[			IN													
								D	D		м	М		Y	Y	Y	Y						I	Nam	e of	Nev	vs Pa	aper				
5		Status						Indi	vidu	ial/ I	Parti	ners	hip/	LLP/	Reg	d. Co	o-op	erat	ive S	ocie	ety/C	Drgan	ised	bod	ly (T	ick a	s ap	plica	ible)			
7	Individual	( Indivi	duals	to e	enclo	se A	fida	avit	as p	er A	nne	xure	'A1	<i>'</i> )																		
7.1	Name of ap	nlicant/ [	irct n	200	Mic	Idlo		r		r		1	1								1		1		r					_		_
7.1	name, Surna	• •	113011	anne	, whe	uie																										
	Father/Hust	and Nan	ne ( Fi	rst n	ame																											_
7.2	Middle nam		-		unic	,																										
7.3 A	Address																															
			-																													
	Mobile no.																						Pin o	code	1						Ц.	
	E-mail ID																															_
7.4		itionalit ons oth	,	an Ir	diar	Nat	tion	als a	re n	ot e	ligih				R	esid	lent	of				Nam	a of	tow								
L		0113 0111			Iului	i iva		uis u			iigib			I								Nam										_
7.5	GENDER MALE/FEN	ALE													Rev		e Dis ate	stric	t													
7.6				r	1	,		r	/	r	1	1	1								1		-					1				_
7.6	Date	of Birth Atta	ch co	ру с	of pro	/ oof c	of da	ite o	/ of bir	th						A	ge		Ag	e as	on t	Yrs. he da	ate o	of ad		onth isem	ent				Days	
AA	ADHAR NUM	1BER															PAN	NUI	MBE	R												
7.7	Marital	Status			Singl	e	/	N	1arri	ed	/	۷	Vido	w	/		Divc	orce	е					Tic	k as	арр	licat	le	_	_		
8	For being e	ligible,	the a	ppli	cant	shou	uld h	nave	sou	nd F	hys	ical ,	/ Me	ntal	hea	lth.					Are	you	I	YES		/			N	0		
having sound Physical / Mental health ? Strike								ff w	hat i	s no			ble.	I																		

Name of location :

Signature of Applicant

Contd. to page no.2

																															—	—
ļ													-	-		ion I																
					(FC	)RM	TOE	3E FI	LLED	) UP	IN C	CAP	ITAL	LETT	ΓER	S US	ING	BLU	E/B	LAC	K BA	LL P	DINT	PE	V)							
																		1	1	1	-		1				—			—		
9			I Qualif					Ļ	<u> </u>			Ļ	<u> </u>	<u> </u>	L			L				<u> </u>		Ļ	L		L					
(Attach	п сору о	f pro	of of Ec	lucati	ional Q	ualif	icatio	ons)	(*) -	-Not	арр	olica	ible i	n cas	se c	of Re	giste	red	Soci	etie	s, C	orpoi	ates	, Go	vt O	rgan	isati	ons e	etc.		—	
	<b>a</b> 110								—				. /5				1		_									—		<u> </u>		
	Qualifi			<u> </u>	<del>.                                     </del>				_		Jerti	fica	nte/D	egre	e				Boa	ard/	Uni	versit	y		_		Yea	ar of	Pas	sing	—	
a	SSC/M Gradua		or Equi	valen	it				_																_							
b c	Post G		<b>ato</b>						-																_							
d			l Degre	0					-																_							
e e			Qualifica		ç				1																+							
	Marks v					n the	info	rma	tion	σίνο	n hv	/ th	e anr	nlica	nt c	on th	ha a	ucat	tion	una	lific	ation	Οn	vori	ficat	ion if	f it ic	fou	nd tł	nat t	hρ	
	ation gi																														ic.	
	011011 81		bore is			albe	/	J. ep.	0001				ie up	price		5 64.								arra						<u> </u>		
10	In case	of p	artners	hip, p	lease g	give r	name	e of e	each	of t	he p	artr	ners	and	atta	ach P	ropo	osec	l Par	tne	rshi	Dee	d. A	pplic	catio	n of	all t <sup>i</sup>	he p;	artne	er(s)	sho	uld
			l togeth																													
	appear	r for i	ntervie	w.)			-																									
	Sr. No. Names and Address														% Sł	hare																
	i)					Τ																										
	ii)																															
	iii)					Т										Τ																
10*																																
	Companies Act 1956 (Enclose affidavit as per Annexure 'A2/A3')																															
		Na	me			Τ																										
		Add	lress																						Τ							
						Т										Τ																
																								PIN	COD	DE						
	M	obile	No.											E-M	AIL	ID									Τ							
	CIN/TI	N/GS	T NUMI	BER																					Τ							
11	Experie	ence:	For ES	PS, th	ie appli	icant	: sho	uld h	nave	wor	k or	der	s wit	h suo	cce	ssful	com	plet	ion	cert	ifica	te of	at le	ast	5 ins	talla	tion	s hav	/ing :	a cyl	inde	r
	bank o	f mir	iimum 2	20 x20	0 cylinc	ders,	in th	ie las	st th	ree	year	s fro	om tl	he da	ate	of ad	dver	tiseı	men	t.												
	Name	and a	address	of th	е							D	etails	s of	cor	nvers	ion					Conve	rted	from	HSD/	'FO/e	tc.	Mo	nthl	y		
	establi	shme	ent/Inst	itutio	on etc.																	Fr	rom			То		Cor	nsum	nptio	n in	
																										LPO	;					
																										LPG	3					
																										LPO	i i					
																										LPO	ì					
																										LPG						
																										LPG	j					
Add de	tails of	the r	umber	of ins	stallati	ons v	wher	e cor	nver	sion	s ha	ve b	been	carr	ied	out.	Add	Sep	arat	e sh	eet	; for I	nore	e cus	tom	ers a	lon	g wit	h su	ppor	ting	
	Marks w									-															nforr	natio	on gi	iven	is ind	corre	ect/	
false /	misrepr	esen	ted the	n the	applic	ant's	can	didat	ture	will	stan	nd ca	ance	lled	and	l will	not	elig	ible	for	ESPS	sele	ctior	۱.								
12	Have y	ou e	ver bee	n con	victed	or ch	narge	es ha	ve b	een	fran	ned	i by C	Court	t of	Law	for a	any	crim	inal	offe	ence i	nvo	ving	; mo	ral	L	YES	,		NO	
	turpitu	ide a	nd / or	econo	omic of	ffenc	:e (ot	ther	than	free	edor	n st	trugg	le)?	?												Pl	ease	stril	ke of	f wh	at

(If yes you are not eligible to apply.)

Name of location :

Signature of Applicant

Contd. to page no.3

is not applicable

APPLICATION FOR HPCL LPG Energy Solution Providers and Suppliers (ESPS)
---

(FORM TO BE FILLED UP IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN)

## 13 Capability to Provide Infrastructure as on the Date of Application(Applicable only for ESPS)

	GODOWN FOR STORAGE OF LPG CYLINDERS: The land should be suitable, in contiguous plot, freely accessible through a approach road. The plot should be free from overhead power transmission and telephone lines. Pipelines / Canals / Dra Roads should not pass through the plot.		
13.1a	Do you have a suitable land within the advertised location for LPG godown or LPG godown readily available Owned/Leased (Minimum 5 years from the date of advertisement) in your own name or in name any member of your 'Family Members' or Cooperative Society/Firm/Company. <b>(Select what is applicable)</b>		NO ke off what pplicable
	Note :('Family members', shall consist of applicant, his/her Spouse and their son(s)/daughter(s), Father, Mother, Father i	n Law,Moth	er in Law,

If Yes to 13.1a, Provide the following details and attach affidavit if the land for showroom is offered by a Family Member/Firm/Company.										
Land Owner	Relationship	Date of registration of sale	Address of the location of	Khasra no/	Dimension	Dist. form				
	with applicant	deed/mutation/gift /lease	the land for LPG Godown	Survey No.	( L & B) in	advt. loc. in				

_		If No to 13.1a, then		
I	13.1b	Do you have a Firm offer of sales/ Lease (Minimum 5 years from the date of advertisement) from any owner of a	YES	NO
Γ		suitable land at within the advertised location for LPG godown or LPG godown	Please strik	ke off what
I			is not ap	plicable

If Yes to 13.1b, Provide the follo	wing details.				
Land Owner	Date of agreement to sale or lease on	Address of the location of	Khasra no/	Dimension	Dist. form
	stamp papers	the land for LPG Godown	Survey No.	( L & B) in	advt. loc. in

If No to 13.1b then

13.1c	If you do not have a suitable piece of land for Godown and do not have firm offer, can you arrange the same in the	YES	NO	
	location advertised, if selected within 45 days from the date of issue of LOI?	Please strike off what		
		is not ap	plicable	

Note : Marks will be awarded to applicant either on ownership or firm offer or can arrange for LPG Godown/land for LPG godown based on the information given by the applicant . On verification if it is found that the information given above is incorrect/false/misrepresented then the applicant's candidature will stand cancelled and will not be eligible for distributorship.

13.2	SHOWROOM FOR LPG DISTRIBUTORSHIP							
	Showroom should be located in the location advertised and should have suitable approach road.							
13.2a	Do you have a suitable land within the advertised location preferably near industrial/commercial hub for LPG	YES	NO					
	showroom or LPG showroom readily available Owned/Leased (Minimum 5 years from the date of advertisement) in Please strike off what							
	your own name or in name any member of your 'Family Members'/Registeres Society/Firm/Company (Select what is	is not ap	oplicable					
Note :('Family members', shall consist of applicant, his/her Spouse and their son(s)/daughter(s), Father, Mother, Father in Law, Mother in Law, Brother								
,Sister,Spouse's Brother & Spouse's Sister								

If Yes to 13.2a, Provide the following details and attach affidavit if the land for showroom is offered by a Family Member/Firm/Company.									
Land for showroom / showroom is in	Date of registration of sale	Relationship with	Address of the land for	Khasra no/ Survey					
name of	deed/mutation/gift /lease	applicant	showroom /showroom	No.					

	If NO to 13.2a, then		
13.2b	Do you have a Firm offer of sales/ Lease (Minimum 5 years from the date of advertisement) from any owner of the	YES	NO
	suitable land in the location advertised for showroom or showroom	Please stril	ke off what
		is not ap	oplicable

If Yes to 13.2b, Provide the following details.

		0			
Land (	for showroom)is in the name of	Date of agreement to sale or lease on	Address of the land for	Khasra no/	Dimension ( L & B) in
or	showroom in the name of	stamp papers	showroom /showroom	Survey No.	Meter

If No to 13.2b then		
13.2c If you do not have a suitable piece of land for Showroom and do not have firm offer, can you arrange the same in the	YES	NO
location advertised, if selected within 45 days from the date of issue of LOI?	Please strik	ke off what
	is not ap	plicable
Note : Marks will be awarded to applicant either on ownership or firm offer or can arrange for LPG Godown/land for LPG godow	vn based on	the
information given by the applicant. On verification if it is found that the information given above is incorrect/ false/ misreprese	nted then tl	he
applicant's candidature will stand cancelled and will not be eligible for distributorship.		

Name of location :

## APPLICATION FOR HPCL LPG Energy Solution Providers and Suppliers (ESPS)

(FORM TO BE FILLED UP IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN)

#### 14

## **Capability to Arrange Finance**

Please note that marks will be awarded to applicant on capability to arrange finance based on the information given by the applicant on the Annual Income, Amount in Savings Bank Account, Value of investments in FD/Shares/MF etc., and ability to get 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 will be ineligible for this LPG ESPS/SSP distributorship selection.

14.1	Total Annual Income of Last Financial Year*:	Rs.		
Amou	nt in words:			

\*Income from Salary, Property, Business, Agriculture, Royalty etc. pertaining to last Financial Year.

### 14.2 AMOUNT IN THE BANK\*

Attach affidavit (to be given by the family member as defined in eligibility criteria other than applicant)as per format given in Annexure-A5. The amount mentioned should remain in the bank for minimum period of 90 days from the last date of application or the LOI date which ever is earlier.

S NO.		Current	Name of account	Relation with			М	axim	um	Closi	ng Ba	lanc	e*		
	Month and Year	Account/S.B.A/C	Holder	applicant											
1	M1				Rs										
2	M2				Rs										
3	M3				Rs										
4	M4				Rs										
	TOTAL	Average	of Maximum Balance*of	Bank1	Rs										
Total amou	unt in words.														

S NO.	Bank 2	Current	Name of account	Relation with			Μ	axim	num	Clos	sing	Bala	ince	*		
	Month and Year	Account/S.B.A/C	Holder	applicant												
1	M1				Rs											
2	M2				Rs											
3	M3				Rs											
4	M4				Rs											
	TOTAL	Average	of Maximum Balance*of	Bank2	Rs											
Total amou	unt in words.															

S NO.	Bank 1+2	Current	Name of account	Relation with		Max	ιmι	ım Cl	osiną	g Ba	lanc	e* o	f Ba	nk 1	and	Bar	ık 2	
		Account/S.B.A/C	Holder	applicant														
1	Bank 1				Rs													
2	Bank 2				Rs													
3	Bank 3				Rs													
4	Bank 4				Rs													
	TOTAL	Average of Ma	ximum Balance*of Bank	1 and Bank 2	Rs													
Total amou	int in words.																	

\*Please attach the Saving account /current acount details of the last three completed months (M1/M2/M3) preceeding the month in which the

14.3	FIXE	D DEPOSIT/NSC/SHARE	S/MF ETC OF FAMILY														Atta	ch
	affic	davit (to be given by the	family member as defin	ed in eligibility o	riteria other	than applica	nt)as	s per	form	nat g	iven	in A	nne	xure	e-A5	•		
S NC	).	Type of Investment FD/NSC/Share/etc.	Document Reference Number	Name of the Holder	Relation with applicant	Initial investment Amt.		ue ( A	Amoi	unt )	as c	on th	ie da	ate				
1							Rs.											
2							Rs.											
3							Rs.											
4							Rs.											
		TOTAL					Rs.											
Tot	tal ar	mount in words																

Name of location :

#### Signature of Applicant

Contd. to page no.5

# APPLICATION FOR HPCL LPG Energy Solution Providers and Suppliers (ESPS) (FORM TO BE FILLED UP IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN)

14.5	Details of the loan which can be obtained from Schedule Banks / Financia	al Ins	stitu	utior	is ba	sed o	on Ba	ankei	rs / F	inancial Institution certificate to
	extend loan as per Annexure A4									
	Name and address of the Bank / Financial institution			Dat	e of	certi	ificat	e		Amount of Loan (Rs.)
				1			/			

			Ƴ (N	
-			Image: Constraint of the sector of the se	Image: Sector

Sr. No.	Name of Industry/Customer	PO NO/Work Order No.	ate of completic	Q	TY (N	ΛТ)
						F

Sr. No.	Name of Industry/Customer	PO NO.	Valu	e of	Frans	sport	tation	1

# 19 DECLARATION BY THE APPLICANT.

I am aware that inter se suitability of candidates will be decided by evaluation of candidates on the document based marks and interaction ( interview). Evaluation on document based marks will be done based on the information given by me/us in this application. On verification by the Oil Company if it is found that the information given by me/us is incorrect/ false/ misrepresented then my/our candidature will stand cancelled and I/We will be declared ineligible for LPG ESPS Distributorship. I also confirm that I am in possession of the supporting documents in original for 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 documents

I am fully aware that if I am unable to make Godown duly approved by the Chief Controller of Explosives on the land /godown indicated in the application and or Showroom as per the oil company's standard layout on the land/shop indicated in the application herein above after selection then the allotment of distributorship made to me will automatically stand cancelled.

I am fully aware that I will not be appointed as LPG ESPS 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.

I have read the condition for the distributorship mentioned in the advertisement and confirm that I fulfil the eligibility criteria for the LPG ESPS distributorship for which I have applied for in this application.

20	l,	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 wil	l make me ineligible for this LPG distributorship.

Signature of applicant

Name of applicant (Name in block letters)

Signature of applicant

Page 5 of 5

Place

DATE

Name of Location