APPLICATION FOR HPCL RETAIL OUTLET (PETROL PUMP) / SKO-LDO DEALERSHIP

(Please go through the "Brochure" available on our website or at our Regional Offices carefully before filling in this application format) Location(at) Rev. Distt. State _ (OP/ OP-W/ SC/SC-W/ ST/ ST-W/ PH/ PH-W/ PMP/ PMP-W/ DC/ DC-W/ FF/ FF-W/ OSP/ OSP-W): (Please attach copy of certificates as proof from the respective competent authorities). Advertised on _____in ____ by HINDUSTAN PETROLEUM CORPORATION LTD. Status: Individual/ Partnership/Regd. Co-operative Society/Organised body/Corporate **House/Fleet Operator/Charitable Trust** (Tick as applicable) 1. Individual: (Individuals to enclose Affidavit as per Appendix 'A') (a) Name (in Block Letters): Mr / Ms. (b) Father's/ Husband's Name: (c) Address: ____PIN:___ Telephone No. : E-Mail Address: (d) Nationality: _____ ____Completed Age as on date of application: (e) Date of Birth: (Proof to be attached) (f) Educational Qualification (s):_____(**Proof to be attached**) (g) Resident of: Town: District State (Residence Proof to be attached in case of "Hamara Pumps" in Rural Market) (h) Gender: _____(Male / Female) (i) Marital Status:_____(Unmarried/Married/Widow/Widower/Divorcee) (j) In case of married applicant please give: Full Name of Spouse: _ Full Name of unmarried Children:

(k) In case of unmarried applicant please give:

1. Full name of Father: ______

Passport Size
Photograph
with
specimen
signature on
the
photograph

	2. Full name of Mother: 3. Full name(s) of unmarried brother(s) /unmarried sister(s)	
✓	In case of unmarried woman above 40 years of age:	
	 Are your parents (Mother/ Father) earning? Do you wish to avail the Corpus Fund facilities 	YES/NO YES/NO
✓	 In case of widows, Please advise the date of expiry of your husband (DD/MM/YY) 	
	Do you wish to avail the Corpus Fund facilities	YES/NO
	Please attach death certificate of your husband & also affidavit that you are no	ot remarried.
✓	Married Women applicant with change of name after marriage should submit a co- certificate or an affidavit in support of the maiden name and name after marriage.	opy of the marriage
✓	In case of War widows, please attach supporting documents issued by competent a	uthority.
2.	Are you or any of your following close relatives is dealer or LOI holder of any M LDO dealership or LPG distributorship of any oil company?	S-HSD/ SKO-
	In case of married applicant: (i) Spouse (ii) Unmarried sons/unmarried daughters:	YES/NO
	In case of unmarried applicant (i) Parent (ii) unmarried brothers/unmarried sisters	: YES/NO
	If yes, please furnish details :	
3. 4.	Gross Income during last financial year ended (state year)Gross I Attach Certificate Present occupation :	ncome in Rs
5.	In case you are an income Tax Assesee, please furnish PAN NO:	
6.	Do you have business / selling experience? if yes, give full details	
7.	Do you have experience of supervision of personnel ? if Yes, give full details. (attach	
8.	Please attach a separate sheet giving your detailed plans to run the dealership.	
9.	In case of partnership, please give name of each of the partners and attach Proposed . Application of all the partner(s) should be attached together	
10.	Were you a signatory to a retail outlet / SKO-LDO dealership / LPG distribu company terminated for proven adulteration / malpractice? If yes, give details. C affidavit as per Appendix 'A'.	

11. Registered Co-op. Society/ Organised body: (Organised bodies can apply under 'OPEN'

category only)

	(a) Name of the Society/organized body:				
(b) Address:					
		PIN:			
		Telephone No.: E-Mail Address:	_		
	Cop	(Enclose affidavit as per Appendix 'A1') bies of audited Profit & Loss account statement for the previous 3 financial year	s to be enclosed		
12.	Lan (a)	d details (to be provided by all applicants): Do you have a suitable site readily available at the location where the dealership has been advertised? Yes / No If Yes, City/Town/VillageDistrictState:	Survey No :		
		Hissa No.:Name of the Road:			
		NH No. / SH No. / Other Road :Nearest Km Stones :	Total land area:		
	(b) (c)	(Acre/Sq.m) (Site map with dimensions to be attached) Name of the owner of the land : (proof to be at Relationship of land owner with the applicant : Are you willing to transfer the land on sale/long lease to the oil Co. ?	tached)		
	(d)	Are you willing to transfer the land on sale/long lease to the oil Co. ? If yes, at what rate/ terms.	Yes / No		
		If yes, at what rate/ terms	ocuments from the Land		
13.	The inst pub prop	details of source of funds: (to be provided by all applicants) details to cover free & unencumbered Bank accounts/ Govt. Securities/ fixed itution certificate for credit worthiness(in the enclosed Appendix A2 / loans, lic limited companies etc., details of other assets like immovable property (laperties like vehicle etc., any other sources of income like from interest, rent, of in all cases). The details under "Finance" may be provided in the following et as required)	UTI,NSC, Bonds, Shares of and, building etc.). Movable business etc. (please attach		
Тур	e	Details of a/c No. etc Name of the holder Relationship	Amount (Rs.)		
NO'	ГЕ :	Candidates applying under Category reserved for SC/ST need not prov & 13. Widows (including War widows) and Unmarried women abov earning parents applying against locations reserved for Women Catego Corpus Fund Scheme Facilities also need not provide details under 12 and	e 40 years of age without ory and proposing to avail		
14.	wou	erever applicants state that they would be having tie up on sales volume with all be required to submit an affidavit along with application, from such precribed format as per Appendix A 3.			
15.	eco	ve you ever been convicted by a court of law for any criminal offence involved nomic offence (other than freedom struggle)? (Applicable to individuals, partiety, Co-op. society as an entity and also organized body as an entity) assesstate YES or NO			

6. Demand Draft/ Pay order Nodatedfor Rsdrawn on(State Bank's name) in favour of Hindustan Petroleum Corporation Limited payable at is enclosed.			
NOTE: Affidavits to be enclosed in original. In respect of all other certificates / documents, duly attested Photo copy/ True copy ONLY need be attached along with the application. However, originals of all these will have to be brought at the time of interview, if called for.			
7. Any other information:			
8. UNDERTAKING:-			
I undertake to produce Originals of all the attachments enclosed with this application at the time of interview, if called and is aware that in the event I fail to produce the Originals, my application for dealership will be disqualified I am fully aware that M/s Hindustan Petroleum Corporation Ltd. under its policy will not appoint me as their dealer if I am employed. I shall have to resign from the service and produce proof of acceptance of my resignation by my employer to HPCL before issuance of Letter of Appointment for the dealership. That, If selected, I undertake that I will be required to deposit an interest free Security deposit as per the policy of HPCL. I,			
Hereby certify that the information given above is true to the best of my knowledge and belief. Any wrong information / suppression of facts will disqualify me from being considered for the dealership.			
Place: Signature Date: (Name in block letters)			
Encl: Total of no. of documents with this application,			
Encl: Checklist for supporting documents/affidavits			

APPENDIX- A

(TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE) AFFIDAVIT FOR INDIVIDUALS & PARTNERS

	Age		years	residing	ć
herel	reby solemnly affirm and say as under:				_ d
1.	That I am an Indian National.				
]	That I am unmarried. That neither I nor my Fa have dealerships/distributorships or hold Letter LPG distributorship of any Oil Company				
	OR That I am married. That neither I nor my sp dealerships / distributorships or hold Letter o LPG distributorship of any Oil Company.				
3.@	That I am an unmarried woman above 40 year	rs of age without	earning parent	s	
4.@	That I am a widow and not re-married.				
[@]	DELETE THESE IF NOT APPLICABLE]				
5.	I have never been convicted and / or no char any criminal offence involving moral turpitu				
6.	I hereby confirm that I was never a signator company, which was terminated for proven a			p agreement of a	ny o
7.	That against item no.13 of my application is setting up and operation of the dealership had made available for the purpose stated above as and when required, the offer of dealership no claim/damages whatsoever against the oil	as been furnished In case it is four p, at any stage, of	d. I undertake nd that the sam	that these funds v ne is not made ava	vill b ailabl
8.	I hereby verify that what has been stated about nothing material has been concealed thereof. application or in any document submitted dealership or in this affida Hindustan Petroleum Corporation Ltd would terminate the dealership (if already appoint)	If any information by me/us in support shall be found be within its rig	on/declaration oport of applice and to be untruchts to withdra	given by me in me attion for the aware or incorrect or aw the letter of in	y /ou ard o false itent
	against Hindustan Petroleum Corporation Ltd				
Sole	lemnly affirmed and declared before me				
This	isday of				
	gnature and Seal of agistrate/Judge/Notary public		erson making ne in block lett		

(To be submitted by Registered Co-operative Societies, Organised bodies, Fleet Operators, **Charitable Trusts and Corporate Houses)**

(TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE)

	AFFIDAVIT
	the matter of dealership of , Hindustan Petroleum Corporation Ltd, at (Name of the Co-operative Society*/organised body*)
	(Location) has applied for RO dealership of , Hindustan Petroleum Corporation Ltd at
I, resi	son/daughter/wife of Age year's ident of in the capacity of do hereby solemnly declare :
1.	That through a resolution passed by the Co-operative society*/organised body* I have been authorised to apply for the said dealership. A copy of the resolution/authorisation is enclosed herewith forming part and parcel of this affidavit.
2.	That the said Co-operative Society*/organised body* is duly registered and a photocopy of the registration certificate is enclosed herewith forming part and parcel of this affidavit.
3.	That the said Co-operative Society / organised body is a profit making body during last 3 consecutive Financial years. (Delete if not applicable).A copy of certificate from chartered accountant is enclosed herewith forming part and parcel of this affidavit.
4.	That on behalf of the Co-operative Society*/organised body*, I undertake that I will observe all the relevant guidelines with regard to award/operation of the said dealership issued by the , Hindustan Petroleum Corporation Ltd /Government of India or any other statutory body from time to time.
5.	That all members of the Co-operative Society belong to the reserved category for which the location has been advertised including for women and none of the members have been convicted and / or no charges have been framed by a Court of law against them for criminal offences involving moral turpitude and / or economic offences (other than freedom struggle). Moreover, none of the members was ever signatory to a dealership/distributorship of any oil company, which was terminated for

That the Co-operative Society*/organised body* does not have any criminal records nor does it have any criminal charges framed against it by court of law involving moral turpitude and/or economic offences.

operative societies/consumer societies only).

proven adulteration/malpractices. A copy of the certificate to this effect from the Registrar of Cooperative Societies is enclosed herewith forming part and parcel of this affidavit .(applicable for co-

- That the Co-operative Society*/organised body* was never a signatory to a dealership/ distributorship agreement of any oil company, which was terminated for proven adulteration / malpractices.
- 8. That the applicant company hereby confirms that the applicant company or any of the following do not hold RO/SKO/LPG dealership/distributorship or Letter of Intent (LOI):
 - a. Any of the Director or his family members (family as defined in the case of multiple dealership norms for individuals)

b. Holding company or Subsidiary company.

*strike out whatever is not applicable.

c. Any other company or Firm where share holders (put together) of the applicant company have controlling stake i.e. 51% or more.

OR

Organized bodies, charitable trusts registered with the Charity Commissioner of the respective State Government and Societies registered under Societies Registration Act, 1860, hereby confirm that no RO/SKO/LPG dealership/distributorship or Letter of Intent (LOI) is held by it or by any Member of the Governing Body/Managing Body/any such other Body or his family members (family as defined in the case of multiple dealership norms for individuals).

- 9. @ That against item no.13 of my application form details of various sources of funds required for setting up and operation of the dealership has been furnished. I undertake that these funds will be made available for the purpose stated above. In case it is found that the same is not made available as and when required, the offer of dealership, at any stage, can be withdrawn and that I will have no claim/damages whatsoever against the , Hindustan Petroleum Corporation Ltd.
- 10. 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 my application for the award of the dealership or in this affidavit shall be found to be untrue or incorrect or false, Hindustan Petroleum Corporation Ltd would be within its rights to withdraw the letter of intent / terminate the dealership (if already appointed) and that I would have no claim, whatsoever, against , Hindustan Petroleum Corporation Ltd for such withdrawal/termination.

Solemnly affirmed and declared before me	
Thisday of	
Signature and Seal of Magistrate/Judge/Notary public	Signature of person making affidavit (Name & Designation in block letters)

APPENDIX- A2

To whomsoever it may concern

Shri /Ms /M/s	is a customer of this bank / institution for last
	ing the following facilities of our bank / institution:
a.	
b.	
c.	
During the above period, the dealing of Shri	i / Ms/ M/s with
the bank and he /her / their conduct has bee	n satisfactory. In case, a dealership is allotted to him / her
them, we will be willing to e	xtend a loan of Rs (Rupees(in words).
	(III (10183)).
Signature	
Name and Designation :	
Office Seal :	
Date:	

(To be obtained from the prospective customers and to be submitted by the applicant along with the application)

(TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE)

AFFIDAVIT

	son / daughter / wife of Age years residing at
	do hereby solemnly affirm and say as under:
1	(Name of applicant), son / daughter of,resident of(address) has applied for Retail Outlet dealership at(location) of(name of Oil Co.).
2.	I am having approx. consumption of kl per month of (name of product) required for (purpose).
3.	I hereby confirm that in case the dealership is awarded to above applicant, I will be taking my supplies through him to the extent of kl per month subject to the commercial terms and conditions agreed mutually
4.	I hereby confirm that this type of commitment has not been given to any other candidate applied for the above location.
5.	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.
So	lemnly affirmed and declared before me
Th	isday of
	gnature and Seal of Signature of person making affidavit (Name in block letters)

CERTIFICATE OF MEDICAL OFFICER FOR PHYSICALLY HANDICAPPED CANDIDATES

			Registration No		day
of		examined the candidate,	, whose particulars are given	below:	
1.	Name	:			
2.	Identificat	ion Marks:			
3.	Sex	:			
4.	Father's /	Husband's Name	:		
5.	Approxim	ate Age :			
6.	(A) Ortho	paedically Handicapped			
	ŀ	lemiplegia, Quadriplegia	the relevant from the fol , Congenital, Hemipelvector		alysis
		xtent of disability			
		stimate percentages (se of appliance (if any)			
		ny operation done or ind	icated		
	- / -	, «F			
	(B) Handi	capped by way of "being	blind"		
		capped by way of "being			
	(D) Handi	capped by way of "being	deaf"		
	other partic like to poi		re and extent of disability that	at the surgeon	
Place : _					
		oaedic Surgeon T Surgeon			
Date :			Designation (Seal)	on	
		Civil Surgeon /	(= 541)		

Counter –signed by Civil Surgeon / Chief Medical Officer / Supt. Govt. Hospital

Appendix C

Residence Certificate

Ref No	Date
This is to certify that Shri/Smt/Kum	Son/Wife/Daughter of
is a resident of	
District	State
	Signature of Dy. Tehsildar/Tehsildar Dy. Mamlatdar/Mamlatdar (Seal of Office)
	Or
	()
Seal of Office	Signature of Dy. Commissioner/ Commissioner of Police