For Office use Not to be filled by applicant  Office Code  Serial No  Date of receipt of application  Photograph	
	1
APPLICATION FOR RAJIV GANDHI GRAMIN LPG VITRAK (RGGLV) OF Please write name or till Company of the location (RDC or URC) signature on	n .
Please write name or Oil Company of the location (BPC or IOC or HPC) signature on the photogra	oh
Demand Draft Number Date DDate DD - MM - YY	
Drawn on (name of the bank)  Payable At	
In favour of ( Full name of the oil company)	
(Enclose Application processing fee of Rs1000/ (one thousand only) for all applicants except SC/ST candidate	· · · · · · · · · · · · · · · · · · ·
Application processing fee for SC/ST candidates is Rs 500/- (Five hundred) on enclosing SC/ST certificate.)	
Name of the RGGLV	
1 Location	
2 Gram Panchayat 3 Rev. Distt	······································
4 State	
5 Category	
OP, SC/ST, Combine Category (CC) Consisting of (DP/ PMP/ PH/OSP) Please attach copy of certificates as proof from the recompetent authorities as mentioned in the eligibility criteria. Not Applicable for locations under 'Open' category.	spective
6 Advertised on D D - M M - Y Y Y In (Please write Name of Newspaper)	
7 Particulars of Applicant - Enclose affidavit as per format given in Appendix-A	
7.1 Name	
First name Middle name Surname	
7.2 Father's / s H R I	
Husband's Name Title First name Middle name Surname	
7.3 Address	
Telephone No -   email:	<u> </u>
Telephone No	
7.4 Indian Citizen Yes No Resident of (name of the village)	
Revenue District	
State	
7.5 Gender Male / Female	
7.6 Date of Birth DDD - MM - YYY Age Years Months Day	s
7.7 Marital Status Single / Married / Widow/Widower / Divorcee	
7.8 Name of Spouse	
8 Educational Qualification:	
Qualification Board/University Year of Pa	ssing
Senior Secondary I.e ( 10+2) CBSE or equivalent from	
II recognized Board.	
Matriculation I.e Xth Standard examination or equivalent III from recognized Board.	
Note :Marks will be awarded based on the information given above by the applicant on the education qualification. On ver	fication if
it is found that the information given above is incorrect/ false / misrepresented then the applicant's candidature will stand of	ancelled
and will not be eligible for RGGLV.	

should	nd sho be fre	uld be s e from <b>Ii</b>	uitable i <b>ve</b> ov	e, in coi erhead	ntiguou power	us plot, r transr	freely a	/ telephor	owroom. through al ne lines. Pi dvertised lo	peline	es/(	Cana	als .	/ Dr	aina	age	/ N	lulla	hs	/ Publi
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10.1	Annu	al Incon	ne of	Last Fi	inanci	al Year	<b>:</b>	Rs										-		
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	Incom	e pertai	ning to	o last F	inancia	al Year	should	be given.	Attach not	torize	d aff	idav	it a	s p	er 🖊	\pp	enc	lix-	В	
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	2				Rs							
	3				Rs	$\top$			<b>——</b>			
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10.5		s of the loan which can b	oe obtained from Schedi	ule Banks / Finan	cial Ir	nstitu	tion	s base	ed o	n Bar	ikers	s /
		cial Institution certificate										
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made to	me w	ill automatically stand ca	ancelled.									
		re that I will not be app of acceptance of my res									servi	ce and
lam av	vare th	at if married, my spouse	will be co-owner of RG	GLV with me.								
That if	salacta	ed, I undertake that I will	denosit an interest free	Security as par th	10 DO	liev e	f the	Corr	arat	ion		
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wrong ir	nrorma	tion /misrepresentation/	suppression of facts will	l make me ineligii	ole fo	r this	RG	iGLV.				
Place :			Signature of	applicant		******************************		·				
Date:	ſ	d d - m m - y	y y y Name of app	licant								
	1		(Name in block		40 mm o 18 m 1	*s					***************************************	
	List of	Enclosures										
		Attested copy of Eligib										
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		Affidavit in original as										
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ltc	General Instructions to the candidates appl	
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 information, then it will be deemed that applicant does not have r be ineligible for RGGLV.	
		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.  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.	Notorised Affidavit as per Appendix-B and all the documents based on which the Income is shown in the Affidavit.
	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 Salaryr:- 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	

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 advertisment.	Certificate from the Insurance Company
	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.
	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. Incase 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.

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	Declartion 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) son/daughter/wife of 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 (in words\_ That I have passed Std X or equivalent examination in the year 3 and That I have passed Senior Secondary I.e.(10+2) CBSE or equivalent examination in the year \* That I have passed Graduation examination in the year \* That I am unmarried. That neither I, nor my Father, Mother, unmarried brother(s), unmarried sister(s) have 4 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: 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: 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: That I am of sound mental health. 5 That I have never been convicted nor charges have ever been framed against me by any Court of Law for any 6 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. 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 Signature of person making affidavit Magistrate/Judge/Notary public (Name in block letters)

#### (NOTORISED AFFIDAVIT) Appendix-B (TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE) **DECLARATION OF ANNUAL INCOME** son/daughter/wife of 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 Income Property Interest/ Business Professional Income Total Salary (net Dividend ( net profit) Income from from (|+||+|||+ income) ( Net of other IV+V+VI+VII) Agricultur II Ш 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-C is attached. 1. Father 2. Mother 3. Unmarried sister(s) 4. Unmarried 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)

	Son/wife of	of
\ge	years resident ofdo	hereby solemnly affirm and say as under:-
1	That I am unmarried and my father*/mother*/uni (Mr/Ms)(location) under 'news paper dated	(name) has applied for RGGLV of IOC*/BPC*/HPC* a category against the advertisement made in
	OR	<del></del>
	That I am married and my unmarried son*/ unma	arried daughter*/wife*/husband* (name) has applied for RGGLV of IOC*/BPC*/HPC* a ' category against the advertisement made in
	news paper dated	- oatogory against the advertisement made in
2	* Strike off whichever is not applicable.  That in case he/she is selected for RGGLV I will Rswhich is mentioned at Item (Mr/Ms)for RC	no.10 under my name in the application submitted by
3	That in case he/she is selected for RGGLV I have the land specified in item no 9 in my name.	ve no objection for construction of godown / showroom or
	the land specified in item no 9 in my name.	ve no objection for construction of godown / showroom or correct to the best of my knowledge, and nothing has bee
hereby	the land specified in item no 9 in my name.	· -
hereby Solemni	the land specified in item no 9 in my name.  verify that what has been stated above is true and a land a land and declared before me	correct to the best of my knowledge, and nothing has bee
hereby Solemni	the land specified in item no 9 in my name.	correct to the best of my knowledge, and nothing has bee

	Appendix-D
	ficate from the Bankers, from a Scheduled bank / Financial institution on dication. Please note that amount must be mentioned. If no specific amount
TO WH	IOMSOEVER IT MAY CONCERN
Shri / Smt / Kum / M/sare enjoying the following facilities from our l	$\dots$ is a customer of this bank for last $\dots$ Years and he / she / they is / bank / institution:
a) b) c)	
	i / Smt / Kum / M/swith the bank and his / her / their GLV is allotted to him / her /them, we will be willing to extend a loan of inancing the same.
Signature	
Name and Designation	
Office seal	
Date	

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

(s Dy. Tel	years.  nin LPG Vitrak at  signature of shsildar
(s Dy. Tel	signature of
s Dy. Tel	signature of
Dy. Tel	~
•	
Dv Mar	mlatdar/Mamlatdar
•	Seal of Office)

### STANDARD FORMAT FOR SCIST 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 Reorganisation 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.
<ul> <li>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.</li> </ul>
*** (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. \* Re-assessment is not recommended/is recommended after a period of \_\_\_\_\_\_ months/years. \*Strike out which is not applicable. Sd/-Sd/-Sd/-( /-(DOCTOR) (DOCTOR) (DOCTOR) Seal Seal 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.

ite	ence No.		
	Eligibility Certificate for Parar	nilitary/Police/Governm	ent Personnel Category
	This is to certify that Mr/Ms ( name of applic organization and has been disab (place)	cant)whi	was working in our ile performing duties at
		OR	
	This is to certify that Mr /Mrsas had passed away on (date)	while on	who was working in this office duty at (Place)
	Mr/Ms ( name of applicant) as per our records.	( relationship	) was dependent on
	Attested Signatures of applicant		
		Signature :	
	Place :		
	Place :	Name : Designation :	
			Office Seal :