

(To be submitted by all applicants except those applying under category reserved for SC/ST, War Widows and Unmarried women above 40 year of age with out earning parents who wish to avail facilities under Corpus fund scheme)

Credit worthiness certificate from the Bankers, from Scheduled bank/Financial institutions be obtained in their letter head in the following format and enclosed with the application

To whomsoever it may concern

Shri /Ms /M/s. _____ is a customer of this bank / institution for last _____ years and he / she / they, is/are enjoying the following facilities of our bank / institution:

- a.
- b.
- c.

During the above period, the dealing of Shri / Ms/ M/s _____ with the bank and he /her / their conduct has been satisfactory. In case, a dealership is allotted to him / her / them, we will be willing to extend a loan of ₹ _____ (Rupees _____) (in words).

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

I, _____ son / daughter / wife of _____ 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.

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)

(To be submitted by Physically Handicapped Candidates)

Certified that I, Dr _____ Registration No _____ have, this _____ day of _____ examined the candidate, whose particulars are given below:

1. Name : _____
2. Identification Marks : _____
3. Sex : _____
4. Father's / Husband's Name : _____
5. Approximate Age : _____
6. (A) Orthopaedically Handicapped
 - i) Nature of disability (tick the relevant from the following) : Post Polio Paralysis, Hemiplegia, Quadriplegia, Congenital, Hemipelvectomy, Cheopats Wrist.
 - ii) Extent of disability
 - iii) Estimate percentages
 - iv) Use of appliance (if any)
 - v) Any operation done or indicated
- (B) Handicapped by way of "being blind"
- (C) Handicapped by way of "being dumb"
- (D) Handicapped by way of "being deaf"

7. Any other particulars to clarify : The nature and extent of disability that the surgeon might like to point out :

Place : _____

Signature of Orthopaedic Surgeon
/ Eye Surgeon / ENT Surgeon

Date : _____

Designation
(Seal)

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

(To be submitted by persons applying for Rural ROs)

PERMANENT RESIDENCE CERTIFICATE

This is to certify that Shri / Smt / Kum. _____ son / daughter of
Shri _____

_____ is a Permanent resident of _____ Revenue

Village
in _____ Village Panchayat of _____ BLOCK in

District _____ of State _____

(_____)
Signature of
Dy. Tehsildar/Tehsildar
Dy. Mamlatdar/Mamlatdar

(Seal of Office)

OR

(_____)
Signature of Dy. Commissioner*/
Commissioner of Police

(Seal of Office)

*Only if the Competent Authority is Dy. Commissioner of Police.

Note: Residence certificate issued **within previous six months of the date of application** for dealership in the prescribed format herein will only be treated as valid residence certificate.