

APPLICATION FOR HPCL LPG System Solution Provider(SSP):
(FORM TO BE FILLED UP IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN)

		D D / M M / Y Y Y Y	Passport size photograph with specimen signature of applicant on photograph
Office Code	Serial No.	Date of receipt of application	
Particular of Application Fees	Rs		
Demand Draft Number	Date	/ /	
Drawn on (name of the bank)	Payable At		
In favour of (Full name of the oil company)			

Application processing fee of Rs 25000 (Twenty Five Thousand only) to be enclosed by all applicants applying for SSP distributorship

1	Name of the Location	
2	Rev. Dist.	
3	State	

4	Advertised on	DATE	D D / M M / Y Y Y Y	IN	Name of News Paper
---	---------------	------	---------------------	----	--------------------

5	Status	Individual/ Partnership/LLP/Regd. Co-operative Society/Organised body (Tick as applicable)
---	--------	--

7 Individual : (Individuals to enclose Affidavit as per Annexure 'A1')

7.1	Name of applicant(First name , Middle name, Surname	
-----	--	--

7.2	Father/Husband Name (First name , Middle name, Surname	
-----	---	--

7.3	Address	
	Mobile no.	Pin code
	E-mail ID	

7.4	Nationality	Resident of	Name of town
	Persons other than Indian Nationals are not eligible		

7.5	GENDER	Revenue District
	MALE/FEMALE	State

7.6	Date of Birth	Age	Yrs.	Month	Days
	Attach copy of proof of date of birth	Age as on the date of advertisement			
	AADHAR NUMBER	PAN NUMBER			

7.7	Marital Status	Single / Married / Widow / Divorcee	Tick as applicable
-----	----------------	-------------------------------------	--------------------

8	For being eligible applicant should have sound Physical / Mental health.	Are you	YES / NO
	having sound Physical / Mental health ?		Strike off what is not applicable.

Name of location :

Signature of Applicant

Contd. to page no.2

APPLICATION FOR HPCL LPG System Solution Provider(SSP):
(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 Total 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. _____
Amount 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.	Bank 1 Month and Year	Current Account/S.B.A/C	Name of account Holder	Relation with applicant	Maximum Closing Balance*																		
1	M1				Rs.																		
2	M2				Rs.																		
3	M3				Rs.																		
4	M4				Rs.																		
TOTAL		Average of Maximum Balance*of Bank1			Rs.																		
Total amount in words.																							

S NO.	Bank 2 Month and Year	Current Account/S.B.A/C	Name of account Holder	Relation with applicant	Maximum Closing Balance*																		
1	M1				Rs.																		
2	M2				Rs.																		
3	M3				Rs.																		
4	M4				Rs.																		
TOTAL		Average of Maximum Balance*of Bank 2			Rs.																		
Total amount in words.																							

S NO.	Bank 1+2	Current Account/S.B.A/C	Name of account Holder	Relation with applicant	Maximum Closing Balance* of Bank 1 and Bank 2																		
1	Bank 1				Rs.																		
2	Bank 2				Rs.																		
3	Bank 3				Rs.																		
4	Bank 4				Rs.																		
TOTAL		Average of Maximum Balance*of Bank 1 and Bank 2			Rs.																		
Total amount in words.																							

*Please attach the Saving account /current account details of the last three completed months (M1/M2/M3)preceeding the month in which the application is made for all the Banks(Bank 1 ,Bank 2 and so on.Refer illustration in the selection guidelines. Add separate sheets for more Bank statements wherever required.

14.3 FIXED DEPOSIT/NSC/SHARES/MF ETC OF FAMILY Attach affidavit (to be given by the family member as defined in eligibility criteria other than applicant)as per format given in Annexure-A5.

S NO.	Type of Investment FD/NSC/Share/etc.	Document Reference Number	Name of the Holder	Relation with applicant	Initial investment Amt.	Value (Amount) as on the date																	
1						Rs.																	
2						Rs.																	
3						Rs.																	
4						Rs.																	
TOTAL						Rs.																	
Total amount in words.																							

Name of location :

Signature of Applicant

Contd. to page no.4

APPLICATION FOR HPCL LPG System Solution Provider(SSP):
(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 / Financial Institutions based on Bankers / Financial Institution certificate to extend loan as per Annexure A4		
	Name and address of the Bank / Financial institution	Date of certificate	Amount of Loan (Rs.)
		/ /	

16	Details of Current Orders in hand from prospective customers (Bulk LPG/Bulk Propane - 10 MT PM or ND Packed 10 MT PM and above)			
Sr. No.	Name of Industry	Work Order/PO NO.	Date	QTY (MT)

17*	Details of current Orders in hand (For Bulk LPG/Propane Transporters only- 10 MT PM and above)			
Sr. No.	Name of Industry/Customer	Work Order/PO NO.	Date	QTY (MT)

18 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 SSP 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 I will not be appointed as LPG SSP 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 SSP distributorship for which I have applied for in this application.

19 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 LPG distributorship.

Place

Signature of applicant

DATE

Name of applicant
(Name in block letters)

Name of Location _____

Signature of applicant