APPLICATION FOR HPCL POL AGGREGATOR

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

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6.1	Name																							
		Fi	rst N	ame)				Mic	ddle 1	Name)					<u> </u>			Sur	name)		
6.2	Father's / Husband' Name (NA for Limite Company and Societies	d																						
		Fi	rst N	ame	9				Mic	ddle 1	Name)								Sur	name)		
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6.6											side													
Per	sons other th	nan Ind	dian	Nati	onals	are r	not e	eligil	ble.	Atta	ch co	ру	of ra	atio	n car	d / <i>F</i>	Aadł	naa	ır Ca	ard /	Pass	port c	r Vot	er ID
6.7	District																							Ш
6.8	State	1		+	-	_	+	\perp					\perp				-						<u> </u>	

7	associate of a HSD), LPG Dis viz. FO / LDO	any Pvt. / l stributor, S / SKO / M	Iding yourself) of your 'Family U PSU Oil Marketing Company (o SKO-LDO Reseller, Aggregator, I TO / Hexane / Lubes / Petrocher C (other than HPCL) for marketi	ther than HPC involved in mai nicals / Sulphu	L) like Retail rketing of any r / Petcoke e	Outlet Dealer (MS / petroleum product tc. or holding a LOI								
	Yes 🗌 No 🛭													
	son(s) & daug	ghter(s), ar	an applicant, shall consist of s nd parents. If 'yes', then please a namily Unit' and also enclose No	enclose the de	claration as p	per Annexure 'G' by								
8	Are you ment	ally and pl	nysically sound?											
	Yes No No Note: Please submit the original certificate issued by a Registered Medical Practitioner. Begin to Section 1													
9	Educational	Qualifica	tion(s): (Attach copy of proof of E	ducational Qua	llifications)									
Qua	alification		Certificate / Degree	Board / U	Iniversity	Year of Passing								
SSC	C / Matric or Equ	uivalent												
Gra	duate													
Pos	t-Graduate													
Prof	essional Degree	9												
Add	itional Qualificat	tion												
			ility criteria is 10 th standard pas zed board to be enclosed.	s. Self-attested	copy of mai	rk sheet / degree								
10	Application o	f all the p	, please give name of each o artner(s) should be attached t separate application fee and all	ogether while	submission:	(Please note each								
	Sr. No.		Name and Address		Percei	ntage of Share								
11	Capability to	Arrange	Finance:											
	capability to a	rrange fin	alia marks will be awarded to ance, on the Amount in Savings , value of assets and ability to	/ Current Bank	Account, Va	alue of investments								
			financial documents have to be	_										
	-		ders, one of the name should											
		-	e willing to allow the applicant Annexure 'E1'. On verification, i											
	given by the	applicant i	s / are incorrect / false / misrep	resented then										
	stand cancelle	ed and wil	l be ineligible for this Aggregato	orship.										
Ple	ase read Age	gregator	Selection Guidelines clause	under capab	oility to prov	vide finance before								
	•		11 below. (Applicant has to	•										

application)

11.1 Amount in Savings / Current Bank Account in Bank / Post Office in the name of applicant Sr. Name of Savings / Current Bank Name of Amount No. **Bank** A/c No. **Account Holder** Rs. Rs. Rs. Rs. Rs. **Total Amount**

Total Amount in Words:

Note: The amount declared above in each case must be available as highest average monthly closing balance of 3 months as per aggregator selection guidelines. The declaration given above will be verified during the field verification. Please fill the total amount in Affidavit as per Annexure 'D'.

11.2 Fixed Deposit / Recurring Deposit / NSC / Govt. Securities / any other Liquid Deposits, etc. in the name of applicant. (Attach affidavit as per format given in Annexure 'B' from member(s) of 'Family Unit')

Sr. No.	Type of Investment FD / NSC / Shares / MF	Reference Number with date	Name(s) of the holder	Initial Investment Amount				Aı	moı	unt		
1					Rs.						-	
2					Rs.						-	
3					Rs.						-	
4					Rs.						-	
	Total Amour	Total Amount Rs					-					

Total Amount in Words:

Note:

- 1. The above declared investments should be available on the last date for submission of application as specified either in the advertisement or corrigendum (if any) and the same will be verified during Field Verification.
- 2. The value (Amount) shown above should be prior to the date of advertisement.
- 3. Please fill this amount in affidavit as per Annexure 'D'.
- 4. The date of deposit should be prior to the date of advertisement.

Note for 11.2:

The financial instrument(s) and its respective amount shown above in 10 should not be offered by any other applicant for this location and in case it is found at any stage that the same financial instrument(s) mentioned above is / are offered by more than one applicant, then all such applications showing the same financial instrument(s) will be rejected or if selection has already been done, the same would be cancelled. The certificate from Chartered Accountant indicating the market value is to be submitted along with the application.

Applicant should indicate his intention of liquidating the same for the purpose of raising working capital through a letter.

11.3 Other unencumbered Fixed Assets in the name of the applicant. (Value as per Valuation Certificate by Govt. approved Valuer)

Sr. No.	Details of Property	Name of Holder		Valu A	dve				
01			Rs.						
02			Rs.						
03			Rs.						
		TOTAL	Rs.						

Certificate from Chartered Accountant / Bank indicating that the same is unencumbered and the amount of loan that can be raised on the property by pledging, to be mentioned above. This certificate should not have been issued before the date of advertisement.

11.4 Financial Assistance from Family Members (Savings bank / current account / fixed deposit / NSC / other liquid deposit / fixed assets / shares and mutual funds are in joint name along with family members or in name of family members). Family is defined as a) spouse of the applicant b) parents of unmarried applicant.

Sr. No.	Details of Property	Name of Holder		Value as on date of Advertisement							
01			Rs.								
02			Rs.								
03			Rs.								
		TOTAL	Rs.								

Affidavit as per Annexure 'E1' has to be obtained from the family member having funds in his / her name and intending to extend financial assistance to the applicant indicating the amount of support likely to be extended.

11.5 Commitment Letter from Bank / Financial Institution with Loan Amount

Sr. No.	Name of Bank / Financial Institution	Amount								
01		Rs.								
02		Rs.								
03		Rs.								
	TOTAL	Rs.								

Original letter from the scheduled bank / financial institution indicating the amount of support likely to be extended to be enclosed. The format of letter is given in Annexure 'E2'.

12 Experience

Do you have experience of running or working in any of the establishment dealing in the following for minimum two years? Please give full details chronologically.

Type of Experience	Name and address of the	Pe	riod	Number
Type of Experience	establishment / Institution, etc.	From	То	of years
Sale of petroleum products to small and medium industrial units				
Sales of other than petroleum products directly to small and medium industrial units				

Note:

Marks will be awarded based on the Certificate from the employer and on answers to leading questions in connection with experience claimed during interview. On verification, if it is found that the information given is incorrect / false / misrepresented then the applicant's candidature will stand cancelled and will not be eligible for Aggregatorship. Self-certified copies of experience to be attached in case of proprietor and partner. For others self-attested copies of experience certificate to be produced.

13	Have you ever been convicted or charges have been framed by Court of	Yes		No	
	Law for any criminal offence involving moral turpitude and / or economic	Please	e tick a	pplicable b	ox
	offence (other than freedom struggle)?				

Note: If YES, you are not eligible to apply

- 14 Details of Business Plan whether submitted YES / NO (Please strike out what is not applicable)
- 15 List of Tank Trucks has been submitted YES / NO (Please strike out what is not applicable)

Sr. No.	RTO Registration No.	Make & Model	Engine No.	Chassis No.	Capacity in MT	Existing Tank Trucks	Name of the Owner
01							
02							
03							
04							
05							
06							
07							
80							
09							
10							

Please attach self-attested copies of the RC Book and Insurance copies.

16 **Declaration by the Applicant**

I am aware that inter se suitability of candidates will be decided by evaluation of candidates on the documents based marks and interaction (interview). Evaluation on documents based marks will be done based on the information given by me / us in this application. On verification by HPCL, 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 POL Aggregatorship. 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 POL Aggregator 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 conditions for the POL Aggregatorship mentioned in the advertisement and confirm that I fulfil the eligibility criteria for the POL Aggregatorship I have applied in this application.

17	Undertaking	
I,		daughter of / son of / wife
of S	Shri	hereby confirm that the information given above
is t	true and correct. Any wrong information	/ misrepresentation / suppression of facts will make me ineligible
for	this POL Aggregatorship.	
Pla	ace:	Signature of applicant
Da	ite:	
		Name of applicant
Lis	st of Enclosures	(Name in block letters)
1.	Demand Draft No	dated
2.	Proof of age	
3.	Proof of Educational Qualification	
4.	Affidavit as per the format in Annexure	'A'
5.	List of POL Bulk Tank Trucks (as per A	nexure 'B')
6.	Affidavit as per Annexure 'C' for Chass	is Booking
7.	Affidavit as per the format in Annexure	'D' for Finance
8.	Affidavit from family extending financia	I assistance as per Annexure 'E1'
9.	Letter from Bank / Financial Institution	as per format in Annexure 'E2'

10. No Objection Certificate (NOC) as per format Annexure 'F' from Oil Marketing Company (other than HPCL) if you or your family member are / is Retail Outlet Dealer (MS / HSD), LPG Distributor, SKO-LDO Reseller, Aggregator, involved in marketing of any petroleum product viz. FO/LDO/SKO/MTO/Hexane / Lubes / Petrochemicals / Sulphur / Petcoke etc. as defined in the Aggregator Policy Guidelines under

11. Declarations as per Annexure 'G' and 'G(a)'. If applicable, Annexure 'G' is to be submitted by each member of the 'Family Unit'. Annexure 'G(a)' is to be submitted by all applicants unless an applicant is

- submitting Annexure 'G'. 12. Partnership Deed - as applicable
- 13. Detailed Project Report

'Who can apply'

(NOTARIZED AFFIDAVIT)

ANNEXURE 'A'

(TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE) (Affidavit to be submitted by individuals and partners of partnerships)

Ι,	son/daughter/wife of
Ag	eyears residing atdo hereby
sol	emnly affirm and say as under:
1.	That I am an Indian National.
2.	That my age as on date of application isyearsmonths.
3.	I have never been convicted and / or no charges have been framed by a court of law against me for any criminal offence involving moral turpitude / economic offences (other than freedom struggle).
4.	I hereby confirm that I was never a signatory to a dealership / distributorship / CFA / Aggregatorship agreement of any oil company, which was terminated for proven adulteration / malpractices.
5.	That against Item No. 10 of my application form details of various sources of funds required for setting up and operating the Aggregatorship 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 Aggregatorship, at any stage, can be withdrawn and that I will have no claim / damages whatsoever against the oil company.
6.	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 thereof. If any information / declaration given by me / us in my / our application or in any document submitted by me / us in support of application for the award of
	Thisday of
	Signature and Seal of Magistrate / Judge / Notary Public Signature of person making affidavit (Name in block letters)

ANNEXURE 'B'

DETAILS OF TANK TRUCKS OWNED / LEASED

Please furnish here the details of Tank trucks owned by you, which can be used for the transportation of bulk POL Products. Duly self-attested Xerox / Photostat copies of RC Book for Tank trucks owned by you should be attached as a proof of ownership.

Sr. No.	RTO Registration No.	Make & Model	Engine No.	Chassis No.	Capacity in MT	Name of the Owner
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

- The minimum capacity of the tank truck should be 16 KL.
- The tank trucks should not be blacklisted by the Oil Companies
- Details of minimum of 01 tank truck should be offered. However not providing will not lead to instant disqualification. Applicant will be required to lease / own minimum 01 tank truck in case LOI is issued.
- Lease agreement in case, if the tank truck is leased.
- The tank trucks should comply with all the local State / RTO rules and regulations.

	SIGNATURE	
	NAME	
NAME AND ADDRESS OF THE FIRM		

AFFIDAVIT - CHASSIS BOOKING

ANNEXURE 'C'

(ON NON-JUDICIAL STAMP PAPER OF APPROPRIATE VALUE AS PRESCRIBED IN THE RESPECTIVE STATE)

I/We_		S/o /	D/o Shri_	, resident of
	, do solen			
1. That I / w	e have booked for	Nos. of Tank Truck Chassis	as per the particulars g	iven below:
Sr. No.	TT Capacity	Make and Model	Supplier Name	Booking Order / Invoice Reference
That I / We co	onfirm, if the POL Aggregato	rship is awarded to me / us,	the tank trucks offered	as per the above details
				DEPONENT
		VERIFICATION		
	he contents of the above aff nd nothing has been concea		o the best of my knowle	edge and belief. No part
				DEPONENT
Verified at	on			
Notary Public	c			
Chassis shou	of booking the tank truck cha ald be booked through the s (OEM). Tank trucks withou	authorized sales represer	ntatives / showroom of	the Original Equipment

(NOTARIZED AFFIDAVIT)

ANNEXURE 'D'

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

FINANCE IN RUPEES

Relationship	Liquid	Un-	Loan from	Loan /	Shares	Total
	Funds	encumbered	Family	Credit from	1	(I + II +
		Fixed Assets	Members	Financial	Mutual	III + IV +
				Institutions	Funds	V)
				/ Banks		
	I	II	III	IV	V	VI
1. Self						

This d	day of	
Signature and Seal of Magistrate / Judge / Notary Public	c	Signature of Person making affidavit (Name in block letters)
Note: It is important to give precise then it should be indicated specificated.	se information under each head i.e. I to ically as NIL and not left blank.	V, if income under any head is NIL,
		(Signature of applicant)

Solemnly affirmed and declared before me

(NOTARIZED AFFIDAVIT)

ANNEXURE 'E1'

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

(To be given by the family member(s) other than applicant)

Ι,	So	n / Wife of
Age	eyears, resident ofdo	hereby solemnly affirm and say as under:
1.	That I am unmarried and my father / mother (Mr. / Ms.)applied for POL Aggregatorship of HPCL atnewspaper dated	
	<u>OR</u>	
	That my unmarried son / unmarried daughter Mr. / Ms Aggregatorship of HPCL at(location) aga dated	, , , , , , , , , , , , , , , , , , , ,
	<u>OR</u>	
	That my wife / husband (Mr. / Ms.)	
2.	That in case he / she (the applicant) is selected for POL Agriculture financial assistance to the extent of Rswhich is munder my name in the application submitted by (Mr. / Ms.)_for POL Aggregatorship of HPCL at	entioned at Item No. 10 of the application form
	ereby verify that what has been stated above is true and corren concealed therefrom.	ect to the best of my knowledge, and nothing has
Sol	emnly affirmed and declared before me	
Thi	sday of	
_	nature and Seal of gistrate/Judge/Notary public	Signature of persons making affidavit (Name in block letters)
Na	me of Location	(Name of Applicant)

ANNEXURE 'E2'

(To be submitted by all applicants: Credit worthiness certificate from the Bankers, from a Scheduled Bank / Financial Institution to be obtained on their Letterhead in the following format and to be enclosed with the application)

TO WHOMSOEVER IT MAY CONCERN

Shri / Smt. / Kum / M/s	is a customer of this Bank for last
Years and he / she / they is / are enjoying the following facilities from	our bank / institution:
a)	
b)	
c)	
During the above period, the dealings of Shri / Smt. / Kum / M/s	
with the bank and his / her / their conduct has been satisfactory. In o	case, Aggregatorship is allotted to him / her
/ them, we will be willing to extend a loan of Rs	(figures)
(words).	
He / She is having a current / savings account with us.	
Signature	
Name and Designation	
Office seal	
Date	

ANNEXURE 'F'

FORMAT FOR NO OBJECTION CERTIFICATE ON LETTERHEAD OF THE COMPANY

Regional Manager,	Date:
Direct Sales RO,	
Hindustan Petroleum Corporation Limited	
Subject: No Objection Certificate	
Dear Sir,	
M/s, who is our Retail Outlet Dea	ler (MS/HSD) / LPG Distributor / SKO-
LDO Reseller / Lube CFA / Lube Distributor / Associate in produ	uct(s) marketed by our organization
inDistrict is interested in applying for HPCL's POL Aggregatorsh	ip at We
do not have any objection in M/sapplying for the same	ne. "No Objection Certificate" is being
granted to M/sfor applying f	or HPCL's POL Aggregatorship. In the
event of M/sbeing	g selected as the Aggregator of HPCL,
we have "No Objection" in M/stakin	g up the HPCL Aggregatorship.
As per the latest records, M/s	
between them and our organization and the same is valid till	
Thanking You,	
-	
	Yours Sincerely,
	Authorized Signatory
	Rubber Stamp of the
	Authorized Signatory

ANNEXURE 'G'

DECLARATION

l,		Spouse / Son / Daughter / Spouse of Son or
Daughter of	Age	years resident ofdeclare that I am having /
my family member	r (as per definition give	en in this application form defined in Point No. 7) i.e. Mr. /
Ms	is Retail Outlet Deal	er (MS / HSD), LPG Distributor, SKO-LDO Reseller, Aggregator,
involved in marketin	ig of any petroleum produ	uct viz. FO / LDO / SKO / MTO / Hexane / Lubes / Petrochemicals /
Sulphur / Petcoke et	tc. of any Oil Marketing C	company (other than HPCL). The name of the Agency is / Agencies
are M/s	at	(location) dealing with
	(mention name of the pe	troleum products).
l,		Spouse / Son / Daughter / Spouse of Son or
		years resident ofdeclare that I am holding /
my family member	r (as per definition give	en in this application form defined in Point No. 7) i.e. Mr. /
Ms	is holding LOI for m	arketing of any product as mentioned in previous para of any Oil
Marketing Company	y (other than HPCL). The	e name of the Agency is / Agencies in which LOI is / are held are
M/s	at	(location) dealing with
	(mention name of the pe	troleum products).
	•	selected as the POL Aggregatorship of M/s. Hindustan Petroleum
		(location), I will resign / my family member will
	•	ship / Resellership / Aggregatorship of M/s or
surrender the LOI to	the concerned OMC.	
In case, I do not resi	gn / my family member do	pes not / members do not resign from the Dealership / Distributorship
/ Resellership / Agg	gregatorship / etc. and d	o not produce acknowledged copy of your / your family member
resignation by the C	OMC and / or do not surre	ender the LOI to the OMC within 15 days from the date of selection
or such extensions	as given by HPCL, M/s. F	dindustan Petroleum Corporation Limited can cancel my / my family
member's selection.		
Signature of the App	plicant	Signature of the Family Member
(Name in block lette	ers)	(Name in block Letters)

N.B.: Notarized Affidavit is to be submitted in the above format. This affidavit is not required if Notarized Affidavit has been provided as per format Annexure 'G(a)'.

ANNEXURE 'G(a)'

DECLARATION

		Son / Daughter / Wife / Husband of
-	•	declare that I am not having / My family member (as
having involved Sulphur	Retail Outlet Dealership (MS / HSE d in marketing of any petroleum produ	efined in Point No. 7) i.e. Mr. / Msis not possible. Mr. / Msis not possible. Per Distributorship, SKO-LDO Resellership, Aggregatorship act viz. FO / LDO / SKO / MTO / Hexane / Lubes / Petrochemicals any Pvt. / PSU OMC (other than HPCL) for marketing of any productions.
	at a later date it is found that the infortion cancel my selection / terminate n	mation provided is incorrect, M/s. Hindustan Petroleum Corporation ny Aggregatorship.
	re of the Applicant in block letters)	Signature of the Family Member (Name in block Letters)
: Notari	zed Affidavit is to be submitted in	the above format.

Item No.	Instructions	Supporting Documents:- Applicants to provide them 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 district of the location for which application is made	As per advertisement
3	Write the name of the State of the location for which application is made	As per advertisement
4	Write the name and date of the newspaper in which advertisement has appeared for the location mentioned in item 1.	As per advertisement
5	Write the status whether application is by individual or made in partnership or by Limited Company or by Co-operative Society	Notarized Affidavit Annexure 'A'
6	To be filled by individual applicants or applications made in partnership or by Limited Company or by Co-operative Society	Notarized Affidavit Annexure 'A'
9	Educational Qualification: Information in chronological order	Self-attested Photostat copy of certificate of each qualification
10	For Partnership Applications only. Separate individual application to be made by all the partners along with separate application fee. (not applicable for others)	Partnership Deed
11	Capability to Arrange Finance	
11	Details of liquid and non-liquid funds	Notarized Affidavit as per Annexure 'D'
11.1	Amount in the Saving / Current Account in the name of self.	Statement of Account from which Amount as on the date of application can be verified.
11.2	Investment in Fixed Deposit / Recurring Deposit / NSCs / Govt. Securities / Any other liquid deposit prior to the Date of Advertisement in the name of self.	Copy of the FD / RD / Govt. Securities / National Savings Certificate. Date of all deposits should be prior to the date of advertisement.
.11.2	Investments in Mutual Funds / listed shares on the date of advertisement. (should be in the name of the applicant)	Value on the date of advertisement as certified Chartered Accountant. List of such shares/mutual funds to be provided. Applicant should indicate his intention of liquidating the same for the purpose of raising working capital through a letter.
11.3	Value of other un-encumbered assets / Property (immovable) in the name of the applicant as on the date of advertisement.	Value on the date of advertisement as certified by the Government Approved Valuer. A CA or bank certificate indicating the same is unencumbered and amount of loan that can be raised on the property by pledging should be submitted. Date of certificate should not be prior to the date of the advertisement.

11.4	Financial assistance from family members	An affidavit as per Annexure 'E1' not before the date of advertisement has to be enclosed.
11.5	Amount based on the certificate / letter from Schedule Banks / Financial Institutions to extend loan as per Annexure 'E2'. In case no amount is mentioned then it shall be taken as nil and no marks will be awarded.	As per Annexure 'E2'. To be submitted in original. The date of bank letter should not be prior to the date of advertisement and should also indicate the relationship (type and period) bank is holding with the applicant.
12	Experience: Minimum two years' experience in the capacity of supervisor / Manager / proprietor / partner involved in running a business / organization will be considered. Provide information based on the type of experience. I – Experience in sales of petroleum products to small and medium scale industries. II – Experience in sales of consumables / products other than petroleum products directly to small and medium scale industries.	Self-certified copies of experience in original in case of proprietor / partner. For others it should be self-attested copy of experience certificate.
15	List of Tank Trucks which will be used for POL transportation	Self-attested RC Book to be attached along with (Annexure 'B')
15	In case the applicant is going to purchase Tank Trucks for POL transportation	Notarized Affidavit as per Annexure 'C'

Note:

- 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 will result in cancellation of selection due to submission of false /
 unsupported information.
- 2. In case applicant require extra space on any point, the same can be given by adding more row or add extra sheets but details should be given in the same format as mentioned in that particular point.

(Signature of applicant)