APPLICATION FOR HPCL POL AGGREGATOR

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

	Office use to be filled b	y appli	cant	Of	fice C	Code		S	erial	No		Date	- of rec	eipt	- of ap	plicat	ion	F	Passr	oort S	ize
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1	Name of Lo	ocatio	n																		
2	Rev. Distri	ct																			
3	State																				
4	Advertised on Date of Advertisement Name of Newspaper																				
5	5 Status:				-	Co-op	erativ	· ·	Partr	iershi	р		ted co		y (F	Pl tick pplica					
	Individual: (Individuals / All the partners (individually) in the partnership firm								n												
have to enclose Affidavit as per Annexure 'A')																					
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6.1	Name																				
		Fir	st Na	ame	1	-	-	Mie	dle	Nam	e			-		1	Sur	name	e		
6.2	Father's / Husband' Name (NA for Limite Company and Societies																				
		Fir	st Na	ame				Mie	ddle	Nam	е						Sur	name	Э		
6.3	Address																				
0.5	Audiess																				
													Pin	Cod	le						
Tele	ephone												E-n	nail I	D :						
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6.5	Gender								Mari	tal S	tatus								DIVC	RCE	E
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6.6	Nationality	у							Re	side	ent of										
Pers	sons other th	nan Inc	lian N	Vatior	nals a	are n	ot elig	gible.	Atta	ch co	opy of	f ratio	on ca	rd / A	Aadha	aar C	ard /	Pass	port c	or Vot	er ID
6.7	District												1	T					Γ		

6.8 State

7 Does any member (including yourself) of your 'Family Unit' as Individual or Partner or Firm is business associate of any Pvt. / PSU Oil Marketing Company (other than HPCL) like 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. or holding a LOI from any Pvt. / PSU OMC (other than HPCL) for marketing of any product as stated above

Yes 🗌 No 🗌

Note: ('Family Unit' of an applicant, shall consist of self, spouse, son(s), daughter(s), spouse(s) of son(s) & daughter(s), and parents. *If 'yes', then please enclose the declaration as per Annexure 'G' by each member of the 'Family Unit' and also enclose NOC from the concerned OMC as per Annexure 'F'.)*

8 Are you mentally and physically sound?

Yes 🗌 No 🗌

Note: Please submit the original certificate issued by a Registered Medical Practitioner.

9 Educational Qualification(s): (Attach copy of proof of Educational Qualifications)

Qualification	Certificate / Degree	Board / University	Year of Passing				
SSC / Matric or Equivalent							
Graduate							
Post-Graduate							
Professional Degree							
Additional Qualification							
Note: The minimum eligibility criteria is 10 th standard pass. Self-attested copy of mark sheet / degree certificate from any recognized board to be enclosed.							

10 In case of partnership, please give name of each of the partners and attach Partnership Deed. Application of all the partner(s) should be attached together while submission: (Please note each partner will have to pay separate application fee and all the partners will have to appear for interview.)

Sr. No.	Name and Address	Percentage of Share

11 Capability to Arrange Finance:

Please note that inter alia marks will be awarded to the applicant basis documents attached for capability to arrange finance, on the Amount in Savings / Current Bank Account, Value of investments in FD / Shares / MF, etc., value of assets and ability to get Ioan from Banks / Financial Institutions. Please note that all the financial documents have to be in the name of the applicant only. In case of joint bank account holders, one of the name should be of the applicant and affidavit from other members that they are willing to allow the applicant to utilize this fund for the purpose of the Aggregatorship as per Annexure 'E1'. On verification, if it is found that the information / documents given by the applicant is / are incorrect / false / misrepresented then the applicant's candidature will stand cancelled and will be ineligible for this Aggregatorship.

Please read Aggregator Selection Guidelines clause under capability to provide finance before providing information on 11 below. (Applicant has to attach the account balance statements with application)

11.′	I Amount in S	avings / Current Banl	k Account in Bank / F	Post	Of	fice	in th	e na	ame (of aj	opli	cant				
Sr. No.	Name of Bank	Savings / Current Bank A/c No.	ent Bank Name of Account Holder				Amount									
				Rs.						-						
				Rs.						-						
				Rs.						-						
				Rs.						-						
	Total Amount			Rs.						- 1						
Tota	al Amount in W	ords:														
Not	e: The amount c	leclared above in each ca	ase must be available as	high	est	ave	rage r	nont	hly clo	osing	bal	ance of 3				

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			A	mou	nt	
1					Rs.				-	
2					Rs.				-	
3					Rs.				-	
4					Rs.				-	
	Total Amou	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.

Sr. No.	Details of Property	Name of Holder		 	 on da seme	 of	
01			Rs.				
02			Rs.				
03			Rs.				
		TOTAL	Rs.			1	

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		 	 s on tise	 	f	
01			Rs.					
02			Rs.					
03			Rs.					
	•	TOTAL	Rs.					

Sr. No.	Name of Bank / Financial Institution			1	Amo	oun	t		
01		Rs.	Π	Т			Γ		
02		Rs.	H						
03		Rs.	H						
	TOTAL	Rs.	H						

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	eriod	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	ох
	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							
08							
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

Ι,		daughter of / son of / wife
of	Shri	hereby confirm that the information given above
is	true and correct. Any wrong information / misrepres	entation / suppression of facts will make me ineligible
fo	r this POL Aggregatorship.	
ы	ace:	Signature of applicant
F I	ace.	Signature of applicant
Da	ite:	
		Nome of employed
1 14	st of Enclosures	Name of applicant (Name in block letters)
1.	Demand Draft Nodated	
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 Annexure 'B')	

- 6. Affidavit as per Annexure 'C' for Chassis Booking
- 7. Affidavit as per the format in Annexure 'D' for Finance
- 8. Affidavit from family extending financial 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 'Who can apply'
- 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

(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)

I, son/daughter/wife of			
Ageyears residing at		do	hereby
solemnly affirm and say as under:			
1. That I am an Indian National.			

- 2. That my age as on date of application is _____years ____months.
- 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 _______Aggregatorship or in this affidavit shall be found to be untrue or incorrect or false, Hindustan Petroleum Corporation Limited would be within its rights to withdraw the Letter of Intent / terminate the Aggregatorship (if already appointed) and that I shall have no claim, whatsoever, against Hindustan Petroleum Corporation Limited for such withdrawal / termination.

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)

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 solemnly affirm and declare as under:

1. That I / we have booked for______Nos. of Tank Truck Chassis as per the particulars given below:

Sr. No.	TT Capacity	Make and Model	Supplier Name	Booking Order / Invoice Reference

That I / We confirm, if the POL Aggregatorship is awarded to me / us, the tank trucks offered as per the above details shall be used.

DEPONENT

VERIFICATION

Verified that the contents of the above affidavit are true and correct to the best of my knowledge and belief. No part of it is false and nothing has been concealed therein.

DEPONENT

Verified at_____on _____

Notary Public

Note: Proof of booking the tank truck chassis shall be attached in respect to tank trucks offered against the affidavit. Chassis should be booked through the authorized sales representatives / showroom of the Original Equipment Manufacturers (OEM). Tank trucks without proof of chassis booking shall be summarily rejected.

(NOTARIZED AFFIDAVIT)

ANNEXURE 'D'

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

FINANCE IN RUPEES

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

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)

Note: It is important to give precise information under each head i.e. I to V, if income under any head is NIL, then it should be indicated specifically as NIL and not left blank.

(Signature of applicant)

(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)

l,		Son / Wife of
Age	years, resident of	do hereby solemnly affirm and say as under:

1.	That I am unmarried and my father / mother (Mr. / Ms.)_	(name) has
	applied for POL Aggregatorship of HPCL at	(location) against the advertisement made in
	newspaper dated	

That my unmarried son / unmarried daughter Mr. / Ms._____(name) has applied for POL Aggregatorship of HPCL at_____(location) against the advertisement made in newspaper dated_____.

 That my wife / husband (Mr. / Ms.)______(name) has applied for POL Aggregatorship of

 HPCL at______(location) against the advertisement made in newspaper dated______.

That in case he / she (the applicant) is selected for POL Aggregatorship of HPCL I will provide unconditional financial assistance to the extent of Rs._____which is mentioned at Item No. 10 of the application form under my name in the application submitted by (Mr. / Ms.)_____for POL Aggregatorship of HPCL at ______.

I hereby verify that what has been stated above is true and correct to the best of my knowledge, and nothing has been concealed therefrom.

Solemnly affirmed and declared before me

This_____day of _____

Signature and Seal of Magistrate/Judge/Notary public

Signature of persons making affidavit (Name in block letters)

Name 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 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 Dealer (MS/HSD) / LPG Distributor / SKO-
LDO Reseller / Lube CFA / Lube Distributor	r / Associate in product(s) marketed by our organization
inDistrict is interested in applying for HF	PCL's POL Aggregatorship at We
do not have any objection in M/s	applying for the same. "No Objection Certificate" is being
granted to M/s	for applying for HPCL's POL Aggregatorship. In the
event of M/s	being selected as the Aggregator of HPCL,
we have "No Objection" in M/s	taking up the HPCL Aggregatorship.
As per the latest records, M/s	is having a valid agreement

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

I._______Spouse / Son / Daughter / Spouse of Son or Daughter of______Age_____years resident of_____declare that I am having / my family member (as per definition given in this application form defined in Point No. 7) i.e. Mr. / Ms.______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. of any Oil Marketing Company (other than HPCL). The name of the Agency is / Agencies are M/s._______at____(location) dealing with_______ (mention name of the petroleum products).

In the event I / my family member am / is selected as the POL Aggregatorship of M/s. Hindustan Petroleum Corporation Limited at______ (location), I will resign / my family member will resign from the said Dealership / Distributorship / Resellership / Aggregatorship of M/s._____ or surrender the LOI to the concerned OMC.

In case, I do not resign / my family member does not / members do not resign from the Dealership / Distributorship / Resellership / Aggregatorship / etc. and do not produce acknowledged copy of your / your family member resignation by the OMC and / or do not surrender the LOI to the OMC within 15 days from the date of selection or such extensions as given by HPCL, M/s. Hindustan Petroleum Corporation Limited can cancel my / my family member's selection.

Signature of the Applicant (Name in block letters)

Signature of the Family Member (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

I,_______Son / Daughter / Wife / Husband of______Age____years, resident of______declare that I am not having / My family member (as per definition given in this application form defined in Point No. 7) i.e. Mr. / Ms.______is not having Retail Outlet Dealership (MS / HSD), LPG Distributorship, SKO-LDO Resellership, Aggregatorship, involved in marketing of any petroleum product viz. FO / LDO / SKO / MTO / Hexane / Lubes / Petrochemicals / Sulphur / Petcoke etc. or holding a LOI from any Pvt. / PSU OMC (other than HPCL) for marketing of any product as stated above.

In case at a later date it is found that the information provided is incorrect, M/s. Hindustan Petroleum Corporation Limited can cancel my selection / terminate my Aggregatorship.

Signature of the Applicant (Name in block letters)

Signature of the Family Member (Name in block Letters)

N.B.: Notarized Affidavit is to be submitted in the above format.

	General Instructions to the applicant for making POL Aggreg	atorship Application
ltem 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 advertiseme 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 Ioan 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:

- 1. 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)