FORM - C (Application for Renewal of Agent's license) [Paragraph 7 of this Order]

Name of the applicant (In Block letter)																		
Father's/Husband's Name (In case of Individual)*															l .		tested graph	
Residential Address*																		
Permanent Address																		
Telephone No/ Mobile No*																		
E-mail Account*																		
Whether the applicant is a Self-Body/ Registered Co-operative			p/ Se	emi-Go	ovt.													
Applicant's Date of Birth*	D	D	M	M	Y	Y	Y	Y	Ma	ale		F	emal	e	Others			
Address of the place where business is conducted																		
business is conducted																		
	Add	ress	of th	e plac	ce wh	1ere	busin	ess i	s to b	e coi	nauci	ea						
District*	Add	ress	of th	e plac	ce wl	iere	busin	ess i	s to b	e cor	nauci	ea						
Sub-division*	Add	ress	of th	e plac	ce wh	nere	busin	ess i	s to b	e cor	nauci	ea						
	Add	ress	of th	e plac	ce wh	iere	busin	ess i	s to b	e cor	nauci	ea						
Sub-division*	Add	ress	of th	e plac	ce wh	nere	busin	ess i	s to b	e con	nauci	ea						
Sub-division* Municipality/ M. Crop/ GP*	Add	ress	of th	e plac	ce wh	iere	busin	ess i	s to b	e con	nauci	ea						
Sub-division* Municipality/ M. Crop/ GP* Ward No*	Add	ress	of th	e plac	ce wh	iere	busin	ess i	s to b	oe col	nauci	ea						
Sub-division* Municipality/ M. Crop/ GP* Ward No* Street / Lane*	Add	ress	of th	e plac	ce wh	iere	busin	ess i	s to b	e con	nauc	ea						
Sub-division* Municipality/ M. Crop/ GP* Ward No* Street / Lane* Post Office*	Add	ress	of th	e plac	ce wh	iere	busin	less i	s to b	oe cor	iduci	ea						
Sub-division* Municipality/ M. Crop/ GP* Ward No* Street / Lane* Post Office* Pin Code*	Add	ress	of th	e plac	ce wi	iere	busin	less i	s to b	e col		ea						
Sub-division* Municipality/ M. Crop/ GP* Ward No* Street / Lane* Post Office* Pin Code* Police Station*	Add	ress					e Age					ed						
Sub-division* Municipality/ M. Crop/ GP* Ward No* Street / Lane* Post Office* Pin Code* Police Station*	Add	ress							Outle			ea						
Sub-division* Municipality/ M. Crop/ GP* Ward No* Street / Lane* Post Office* Pin Code* Police Station* Area to be served*	Add	ress							Outle	t		ea						
Sub-division* Municipality/ M. Crop/ GP* Ward No* Street / Lane* Post Office* Pin Code* Police Station* Area to be served*	Add	ress							Outle	t		ea						
Sub-division* Municipality/ M. Crop/ GP* Ward No* Street / Lane* Post Office* Pin Code* Police Station* Area to be served* Plot No Name of Mouza	Add	ress							Outle	t		ea						

							Siz	ze of	Outle	et										
Length (In sq)									Br	eadth	(In s	q)								
Area (In sq)																				
I	Length of	the fro	ontag	e on t	he st	reet/	lane	e mei	ntione	ed at I	Parti	cular	s of t	he A	gency	y Out	let			
Nature of Possess	ion*											ntal						se c		
											rece	ipts"	/"cop	y of	deed	/copy	of le	oR a ease o	deed	and
														nd no licabl		ection	ı fron	n the	land l	lord
Whether the godd	own has sp	pace f	or sto	rage							VVIIC	reve	арр	leabi						
Whether the godo	wn is puc	cca																		
Character of the la			ie																	
godown and/or A situated	gents out	let is																		
Address of godow	m																			
					1-:6	· 41										<u> </u>	<u> </u>			
Whether any char outlet or storage s	_	een pr	opose	ea for	Snin	ting tr	ie													
If so, consent of th	ne land ow	vner																		
Name of the Oil M	arketing (Comp	any w	vith w	hom	regis	tere	ed	1								<u> </u>			
No. and date of the Dealership Agreement with the OMC (Copy to be																				
enclosed)																				
In case the applica					No. aı	nd dat	te o	f the	origii	nal										
Partnership Deed	(Copy to	be en	closed	d)																
Whether any Reco	onstitutio	n mad	e dur	ing tl	he pr	eviou	s ye	ear												
If so, copy to be at	ttached																			
If reconstitution b																				
consent has been business	issued by	UMC	101 00	mum	Jauo	n oi														
If so, written cons	ent issued	d by 0	MC b	e atta	iched	l														
Whether the appl												,								
conviction certifice vide Annexure-1	cate will b	e sub	mitte	d by	self-d	leclar	atio	n to	be to	be en	close	d								
Whether the appl	icant is ur	nder li	tigati	on ag	gainst	t the (Govt	t. (If y	yes, gi	ive de	tails)									
			Lis	t of d	locui	ment	s su	bmi	tted v	with t	he ap	plica	ation							
a. Amount																				
b. T.R. challan No.	. With date	e																		
c. Name of the Tre	easury																			
ii. Valid Explosive	license																			
iii. Valid Fire licen	ıse																			
iv. IT, ST, PT Clear	rance Cert	tificate	e for t	he cu	ırren	t year			1											
v. Valid Trade Lic	ense									vi. V	alid S	Stora	ge Lic	ense						

Declaration

I/we certify that the statements above are true to the best of that for any suppression of fact(s) detected later on, the licence gr to be cancelled.	· .
Dated, the	
PlaceSign	nature of applicant/s