





# Extraordinary Published by Authority

SRAVANA 18]

MONDAY, AUGUST 9, 2021

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PART I—Orders and Notifications by the Governor of West Bengal, the High Court, Government Treasury, etc.

#### **GOVERNMENT OF WEST BENGAL**

Department of Food and Supplies
11A, Mirza Galib Street, Kolkata - 700087

#### **NOTIFICATION**

No. 2596-FS./Sectt/Food/4P-09/2012(Pt.II) – Kolkata, the 9<sup>th</sup> August, 2021. – WHEREAS it has been considered necessary to amend the West Bengal Public Distribution System (Maintenance & Control) Order, 2013 (hereinafter referred to as the said Control Order), in the manner hereinafter appearing;

**NOW, THEREFORE**, in exercise of the power conferred by section 3 of the Essential Commodities Act, 1955 (10 of 1955), the Governor is pleased hereby to make, with an immediate effect, the following amendment in the said Control Order, namely: —

### **Amendments**

- (1) In clause 20,
  - (a) for sub-clause (ii), substitute the following sub-clauses:
    - "(ii) If it appears necessary for the District Administration to declare a new vacancy of dealer for catering to the need of consumers in any particular area, the vacancy has to be declared with the approval of the State Government. In that case the concerned Sub-Divisional Controller, Food and Supplies, shall submit the proposal of such vacancy to the concerned District Controller Food and Supplies, who, in turn, shall send the same to the Director. The Director shall examine the proposal, if necessary, make re-enquiry and send the proposal to the Department for approval.
    - (iia) After obtaining the approval of the State Government, the Sub-divisional Controller, Food & Supplies shall declare such vacancy stating the eligibility criteria through notice in the office notice board and publish the same in the Official Gazette. The Sub-divisional Controller, Food and Supplies shall simultaneously publish an indicative advertisement of the said vacancy for information to the General Public in atleast one Bengali newspaper and one English newspaper having State-wise circulation:

3.

4.

5.

Provided that in case of re-notification of any vacancy on account of non-availability of suitable candidates against such vacancy, the concerned SCF&S shall publish the same with the approval of the concerned District Magistrate under intimation to the State Government.";

(b) for sub-clause (iii), substitute the following sub-clauses: –

"(iii) Subject to the date sheet mentioned in sub-clause (iiia), applications for filling up the vacancies as notified in sub clause (ii) hereinbefore shall be invited from an individual, registered partnership firm, registered co-operative society, Sangha or Mahasangha of Self Help Groups working within a district. On receipt of the application in Form C alongwith annexure I, requisite fee as prescribed in Schedule A and corroborating documents as per checklist within the stipulated period, the Sub-divisional Controller, Food and Supplies, shall process the case and get the case enquired into by a competent officer or group of officers and send a report in Form-L with his comments in Form-M to the concerned District Controller, Food and Supplies. The said District Controller, Food and Supplies shall place the matter before the District Fair Price Shop Selection Committee and forward their decision with his comments to the Director, DDP&S, in turn, shall forward the same to the Department with his specific opinion:

Provided that in case of a Tea Garden area, the State Government may grant dealership license to only Tea Garden Authority or self-help group, as the case may be:

Provided further that a Tea Garden Authority shall need to submit a dealership application in Form C1."; (iiia) The entire process of selection of dealers under sub-clause (i) and (ii) shall, as far as possible, be completed as per the date schedule specified in the Table below:

Sl No.

Particulars

Period

1. Last date of submission of the application by the applicant

applicant

Completion of the enquiry by the Sub-divisional Controller, F&S or his authorised officer and submission of report thereof to the District Controller, F&S

Period

Twenty one days from the date of publication of vacancy notice in the Official Gazette or in the news paper, whichever is later.

Twenty-one days from the last date of submission of report thereof to the District Controller, F&S

Five days from the date of receipt of enquiry

recommendation from the District Fair Price

Three days from the date of receipt of report

report from the Sub-divisional Controller

Five days from the date of receipt of

Shop Selection Committee.

from the DCF&S.

Table

(c) for sub-clause (iv), *substitute* the following sub-clause: –

Submission of report by the District Controller, F&S to

Submission of report by the District Controller, F&S to

Submission of report by the Director, DDP&S to the

the District Fair Price Shop Selection Committee

the Director, DDP&S

State Government

"iv) Notwithstanding anything contained in sub-clause (iii), if the State Government deems it necessary in the exigency of public interest to expedite the process of engagement of dealer, it may, by an order, take up under its control the engagement of the dealer at any stage of processing of application and if necessary cause the enquiry referred to in sub-clause (iii) by the enquiry committee comprising of an officer or group of officers of the Food & Supplies Department duly authorized in this behalf and the concerned Sub-Divisional Controller, Food & Supplies and on receipt of the report under sub-clause (iii) or this sub-clause, as the case may be, grant approval for engagement of the most suitable candidate for filling up the vacancy.

- (iva) For the purpose of choosing the most suitable candidate, the State Government may, by an order, constitute District Level Fair Price Shop Selection Committee and shall also devise a marking system covering the size of godown, accessibility of the shop from main road, area of location of shop, etc. in the manner specified in the said order.";
- (d) for sub-clause (vi), substitute the following sub-clause:
  - "(vi) Engagement on compassionate grounds: (a) In case of death or in case of incapacitation on medical ground subject to satisfaction of the authority, of any existing dealer, prayer of any of the family members of the deceased / incapacitated dealer having no regular means of income, may be considered on compassionate ground if such prayer along with formal application in Form 'C2' alongwith Annexure I with requisite fee as prescribed in Schedule A, corroborative documents as per checklist and "No Objection" from other family member in the form of an Affidavit to be sworn before a Magistrate in Annexure II is submitted.

Provided that in case of death of a licensee such prayer is submitted within 90 days from the date of death of the licensee:

Provided further that the licensing authority may, on just and sufficient grounds shown by the applicant and for the reasons to be recorded in writing, accept such application upto 120 days from the date of death of the licensee.

Provided further that "No Objection" is not required if the applicant be the spouse of the deceased licensee or if the licensee, because of his / her being incapacitated / infirm has opts the name of the applicant.

- (b) The Sub-divisional Controller, Food and Supplies shall arrange for an enquiry to verify the eligibility of the applicant and submit the report in Form-L1 with his opinion and recommendation in Form-M1 to the District Controller, Food and Supplies within fifteen days. While forwarding a case on medical ground the Sub-divisional Controller should satisfy himself on examination of the medical prescription and certificate issued by a Registered Government Medical Practitioner that the exlicensee is not in a position to run dealership business considering his health ground. The District Controller, Food & Supplies, shall forward the same with his comments and recommendation to the Director, DDP&S for necessary approval within seven days from the date of receipt of report from the Sub-divisional Controller and the Director may grant such approval within seven days;
- (c) The Sub-divisional Controller, Food & Supplies after having the approval of the Director, DDP&S, shall issue offer letter in Form D1 to the approved candidate, directing him to furnish recent passport size photograph(s), Security Deposit and Licensing Fee as per clause 21(i) and Schedule A.
- (e) in sub-clause (vii),
  - (A) for the expression "on an application made by the licensee in this behalf, allow him to do so with the approval of the State Government,", *substitute* the expression "on an application in Form C-3 along with Annexure-I, requisite fee as prescribed in Schedule A and corroborative documents as per Checklist made by the licensee in this behalf, allow him to do so on examination of the enquiry report in Form-L2 and comments of the SCF&S in Form-M2, with the approval of the Director,"
  - (B) for the words "State Government" occurring in the second and third provisos, *substitute* the words "Director, DDP&S";
- (f) After clause (vii), insert the following sub-clause:-
  - "(viii) Notwithstanding anything contained in this clause, the State Government may conduct the aforementioned workflow of selection process through online partially or fully, as the case may be.".
- (2) In sub-clause (ii) of clause 27, for the word "confirmation of the dealer", *substitute* the words "confirmation of the distributor".
- (3) For Form C, *substitutes* the following Form: –

22. EPIC nos. of office bearers:

### **GOVERNMENT OF WEST BENGAL**

## Application for Issue of Licences for FPS Dealership against a New/Resultant Vacancy along with Checklist [Vide clause 20 (iii) of WBPDS (M&C) Order, 2013]

FORM C
Self-attested
Photograph(s) of
applicant/all
partners/all office-
hearers

Part- I (Details of vacancy)					
1. Area of Vacancy:		:			
2. Vacancy Notification No. with date:		:			
Part- II (primary details of applicant)					
3. Name of the applicant:		:			
	1	•			
4. Nature of the firm: Individual proprietor /registered Partnership/registered cooperative society/ Sangha					
SHG/Mahasangha of SHG		:			
No field should be left blank. If not applicable, write	" Not Annlicable	"			
Part- III (for individual/partnership firm)	Поплирисион				
1 art-111 (for inaiviaua/parinersiip jirm)	Descriptor /		1	Doute on 2	Doute on 2
	Proprietor / Partner-1		j	Partner-2	Partner-3
5. Name(s) of proprietor/partner(s):					
6. Citizenship:					
7. Date(s) of birth:					
8. Aadhaar number(s):					
9. PAN of the proprietor/firm:					
10. Name(s) of father(s):					
11. Residential address(es):					
12. Permanent address(es):					
13. Mobile No(s) of proprietor/ partners					
14. Educational qualification of proprietor/partners					
15. If partnership firm, partner who would be					
responsible for day to day functions/ signatory authority:					
16. Whether proprietor/ such partner is physically					
and mentally fit:					
Part-III (for Sangha or Mahasangha of SHG/Coopera	tive Societies)				·
17. Date of formation	· · · · · · · · · · · · · · · · · · ·				
18. Registration No. & Date of registration					
-	Office Bearer	-1	Off	ice Bearer-2	Office Bearer-3
19. Names of office bearers:					
20. Aadhaar nos. of office bearers:					
21. Citizenship of office bearers:					

22	PAN of the organisation:	Ι.	
-	Office address of the organisation:	·	
	Name of office bearer who would be responsible for day to day		
23.	functions/ signatory authority:		
26.	Residential address of such office-bearer:	:	
27.	Educational qualification of such office-bearer:	:	
28.	Whether such office-bearer is physically and mentally fit:	:	
29.	Mobile No(s) of such office-bearer:	:	
Par	t-IV (Storage Godown and Office/Shop Counter Details)		
	Full address of the Shop-cum-Godown with dag no., khatian no.,		
30.	village, Gram Panchayat, Block, Police Station and Pin Code		
	(in case of rural area) or holding no, street name, ward no.,		
	municipality, Police Station and Pin Code (in case of municipal		
	area):		
31.	Dimension of the storage godown	:	
			(Length x
			Breadth x
			Height in ft.)
22			Area in Sq. Ft.
32.	Character of land of the premises (Bastu/commercial/agricultural etc.:	:	
33.	Size of the shop counter/office (L x B x H in ft.)	:	
			(Length x
			Breadth x
			Height in ft.)
2.4	WI d 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Area in Sq. Ft.
34.	Whether godown and shop counter/office are adjoining If not, then distance in meter	:	Yes/No
35.	Whether constructions of shop counter/office and godown are pucca	:	
36.	Dimension of shed for queue of beneficiaries (L x B x H in ft.):	:	
37.	Whether roof is of concrete	:	
38.	Width of the approach road (in ft.)	:	
39.	Whether godown is accessible by 10 Ton truck	:	Yes / No
Dar	t-V (Possession of the Storage Godown and Office/Shop Counter	,	
	ether godown is ownership or rental (please tick and give details be		
	Rental Possession:	,	,
	a. Name(s) of owner(s) of the premises:	:	
	b. No. and date of execution of registered lease/tenancy deed	:	
	(enclose copy):	-	
	c. Period of lease/tenancy under registered agreement deed:	:	

:

d. Whether expressly rented/leased for FPS as per deed

41.	Ownership:		
:	a. Mode of acquisition: Gift/Purchase/Inheritance/Others	:	
1	b. No. and date of execution of conveyance deed (enclose copy)	:	
	c. Extent of ownership: Absolute/ Shared	:	
	d. If shared, whether other co-owners have given NOC?  If yes, attach the copy of NOC/Affidavit sworn in before a  Magistrate.		
Part-	- VI (Other details)		
42.	Prior experience of business, if any:	:	
43.	If yes, give details with nature and area of business:		
1	Whether holding a license of FPS Dealer or MR Distributor or wholesaler in his name or he belongs to a family, who already have a dealer or distributor or wholesaler license. If yes, give details:	:	
	Whether a member of local bodies, local authority, Panchayati Raj Institutions, board or corporation, or Member of Legislative Assembly or a Member of Parliament during his tenure as such capacity	:	
:	Whether a person holding a post in the establishment of any State Government or Central Government or any authority or body or institution of Local self-government established or constituted by or under the Constitution or by any other law made by the Parliament or a State Legislature or by notification issued or order made by the Central Government or a State Government	:	
	Whether has the person ever been convicted under EC Act, 1955 or in any other criminal proceedings connected with essential commodities or has/have litigation against the Department/Govt. (If so, details thereof, else declaration in Annexure-I)	:	
48.	Whether involved in litigation against Govt. of WB or of India in any court of law	:	
49.	If yes, give details with case no. and name of court of law	:	

## **Declaration**

I/we certify that the statements above are true to the best of my/our knowledge and that for any suppression of fact(s) detected later on, the licence granted to me / us is liable to be cancelled.

Date:	
Place:	
	Signature of
	Proprietor/Signatory Authority

Che	cklist of documents to be submitted with Applic	cation Form		Che	ecklist to Form- C
Par	t- I: Application fees (can be deposited through GF	RIPS Portal also)			
		Submitted (YE	ES/NO)	F	ound (Y/N)
		(to be filled	-	`	be filled by
		the applica	int)	the	receiving staff)
1.	Application fees deposit challan				
	t-II: For individual or partnership firm	/A 11 C 1( )/			
2.	Identity proof of the Proprietor/Partners [EPIC(s), Passport(s)]				
3.	Proof of residential address of the Proprietor/Partr (Photocopy of EPIC/Aadhaar/Passport/recent Elec				
4.	Proof of date of birth of the Proprietor/Partners (badmit card of Madhyamik or equivalent/EPIC/Aad Passport)				
5.	PAN Card of Proprietor/Firm				
6.	In case of partnership firm, registered partnership	deed			
7.	Power of Attorney in favour of signatory partner firm	- for partnership			
8.	Proof of educational qualification of proprietor/sig (Certificate or Marksheet )	natory partner			
9.	Medical certificate of fitness of proprietor/signato Govt. Hospital	ry partner from a			
Par	t- III: For registered Co-operative Society, Sangha	or Mahasangha of	Self-Help (	Group	
10.	Identity proof of all the authorised office bearers [ Card(s)/Passport(s)]	EPIC(s) / Aadhaar			
11.	Proof of residential address of the authorised office (Photocopy of EPIC/Aadhar/Passport/ recent Elect Passport / Driving Licence)				
12.	PAN Card of the Society/Sangha or Mahasangha o	of SHG			
13.	Registration Certificate of the Society/Sangha or M	/ahasangha of SHC	G		
14.	Resolution of Board of Directors/Governing Body FPS dealership	for venture into			
15.	Power of Attorney in favour of authorised office b	pearer			
16.	Proof of educational qualification of authorised of	fice bearer			
17.	Medical certificate of fitness of the authorised off. Govt. Hospital	ice bearer from a			
Par	t- IV: Details of shop-cum-godown		1		
18.	A layout map showing offered godown, office, sh queue, space for loading & unloading of trucks an	-			
19.	Rental Possession:				
	a. RoR/Deed of Conveyance of the owner				
	b. Lease Deed or Tenancy Agreement (Registere	ed)			
	c. Up to date rent receipt				

e/gift (Registered) in name of		
-1		
showing character of land as		
1		
of other co-owners for		
<b>1</b>		
atement/ Deposit Certificate		]
ated Passbook issued by a		
of application and 6 (Six)		
n continuously		
held jointly, NOC of such		
ership		
n(s) of the Proprietor/all		
sted and affixed on the		
plicable		
e		
Ciamatura of D	- i-t/Ci-matomy	A 141. 1
Signature of ri	roprietor/Signatory	Authority
Signature of the Receiving S	Staff	
Name:		
Designation:		
Darforation		
C1101a11011		
Acknowledgement		
of vill/munici	pality/corporation.	
Signature of th	e Receiving Staff	
Name:	-	
	showing character of land as C of other co-owners for  attement/ Deposit Certificate atted Passbook issued by a of application and 6 (Six) in continuously held jointly, NOC of such ership  a(s) of the Proprietor/all sted and affixed on the  Signature of the Receiving S Name: Designation:  Acknowledgement  Acknowledgement  Signature of the  Signature of the  Signature of the  Acknowledgement  Signature of the	showing character of land as  C of other co-owners for  atement/ Deposit Certificate ated Passbook issued by a of application and 6 (Six) an continuously held jointly, NOC of such ership  a(s) of the Proprietor/all sted and affixed on the plicable e  Signature of Proprietor/Signatory  Signature of the Receiving Staff Name: Designation:  ———————————————————————————————————

## GOVERNMENT OF WEST BENGAL

# Application for Issue of Licences for FPS Dealership under Compassionate Ground along with checklist [Vide clause 20 (vi) of WBPDS (M&C) Order, 2013]

FORM – C2
Self-attested
Photograph(s) of
applicant

Part- I	(primary	details	of t	revious	deal	ershin	,)

1.	Code and Place of existing FPS dealership	:	
2.	Licence renewed till which year		
3.	Name of deceased/incapacitated dealer	:	
4.	Date of demise/incapacitation	:	
5.	In case of incapacitation, reason and details	:	

## Part-II (details of applicant)

6.	Name of the applicant:	:	
7.	Name of father/mother/husband:	:	
8.	Relation with deceased/incapacitated proprietor:	:	
9.	Date of birth:	:	
10.	Citizenship:	:	
11.	Aadhaar no:	:	
12.	PAN of the firm:	:	
13.	Residential address(es):	:	
14.	Permanent address(es):	:	
15.	Whether physically and mentally fit:	:	
16.	Mobile No(s) & email id:	:	
17.	Educational qualification:	:	

## Part-III (Storage Godown and Office Details)

18. Full address of the Shop-cum-Godown <u>under previous Dealership</u>	:	
with dag no., khatian no., village, Gram Panchayat, Block, Police		
Station and Pin Code (in case of rural area) or holding no, street		
name, ward no., municipality, Police Station and Pin Code (in case		
of municipal area):		
19. Whether the same Shop-cum-Godown would be in use now:	:	
20. If any change has happened in address of the shop-cumgodown despite the premise remaining same and identical, then	:	
mention the reason for change		
21. In case an altogether new shop-cum-godown is being proposed, distance of it from previous FPS	:	

22.	Details of proposed shop cum godown:		
a)	Dimension of the storage godown (L x B x H in ft.):	:	
b)	Character of land of the premises:	:	
c)	Size of the shop counter/office (L x B x H in ft.), if separate from godown:	:	
d)	Whether constructions of shop counter/office and godown are pucca:	:	
e)	Whether shop counter/office and godown are adjoining (if separate): Yes/ No/ ft. apart	:	
f)	Whether roof is of concrete:	:	
g)	Dimension of shed for queue of beneficiaries (Length x Breadth x Height in ft.):	:	
h)	Whether measurement containers are calibrated:	:	
i)	Width of the approach road (in ft.):	:	
j)	Whether godown is accessible by 10 ton truck		

## Part-IV (Possession of the Shop-cum-Godown) Whether godown is ownership or rental (please tick and give details below)

23. Rental Possession:	
a) Name(s) of owner(s) of the premises:	:
b) No. and date of execution of registered lease/tenancy deed (enclose copy):	
c) Period of lease/tenancy under registered agreement deed:	:
d) Whether expressly rented/leased for FPS as per deed:	
24. Ownership:	
a) Mode of acquisition: Gift/Purchase/Inheritance/Others	
b) No. and date of execution of conveyance deed (enclose copy)	:
c) Extent of ownership: Absolute/ Shared	:
d) If shared, whether other co-owners have given NOC?	
If yes, attach the copy of NOC/Affidavit sworn in before a Magistrate.	

## Part- V (Other details)

25. Monthly family income from sources other than the FPS	:	
Dealership (if has an SKO Dealership licence, income from such		
source is not to be accounted for here):		
26. Whether the applicant is holding a license of FPS Dealer or MR	:	
Distributor or wholesaler in his name or he belongs to a family,		
who already have a dealer or distributor or wholesaler license.		
If yes, give details:		

27. Whether a member of local bodies, local authority, Panchayati Raj Institutions, board or corporation, or Member of Legislative Assembly or a Member of Parliament during his tenure as such capacity	:	
28. Whether a person holding a post in the establishment of any State Government or Central Government or any authority or body or institution of Local self-government established or constituted by or under the Constitution or by any other law made by the Parliament or a State Legislature or by notification issued or order made by the Central Government or a State Government	:	
29. Whether has the applicant ever been convicted under EC Act, 1955 or in any other criminal proceedings connected with essential commodities or has/have litigation against the Department/Govt. (If so, details thereof, else declaration in Annexure-I)	:	
30. Whether involved in litigation against Govt. of WB or of India in any court of law:	:	
31. If yes, give details with Court of law, case no. and subject:	:	

## **Declaration**

I/we certify that the statements above are true to the best of my/our knowledge and that for any suppression of fact(s) detected later on, the licence granted to me / us is liable to be cancelled.

Date:	
Place:	
	Signature of
	Proprietor/Signatory Authority

Checklist of documents to be submitted for engagement on	Checklist to Form- C2
compassionate ground in respect of individual person:	

## Part- I: Personal details

		Submitted (YES/NO) (to be filled by the applicant)	Found (Y/N) (to be filled by the receiving staff)
1.	Recent passport size colour Photograph of the applicant (to be self-attested and affixed on the application form)		
2.	Application fees deposit challan		
3.	Identity proof of the applicant [EPIC /Aadhaar Card/PAN/Passport]		
4.	Proof of residential address of the applicant (Photocopy of EPIC/ Aadhaar/Passport /recent Electricity bill / Driving License)		
5.	Proof of date of birth of the applicant (birth certificate/ admit card of Madhyamik or equivalent / EPIC/ Aadhaar Card/ Passport)		
6.	PAN Card of the applicant		
7.	Proof of educational qualification of the applicant (Certificate or Mark sheet)		
8.	Medical certificate of fitness of the applicant from a Govt. Hospital		
9.	Family income certificate issued by the local authority		
10.	Bank Account details		
11.	Proof of financial solvency (Account statement/ Deposit Certificate/FD/TD/RD/Flexi) / photocopy of updated Passbook issued by a recognized bank as reflected on the day of application and 6 (Six) months preceding the date of application continuously)		
12.	In case the aforesaid account/deposit is held jointly, NOC of such joint holder for investment in FPS Dealership		

## Part- II: Details of the deceased/incapacitated dealers

13.	Copy of licence in the name of the deceased/incapacitated dealer		
14.	14. Photocopy of death certificate of the deceased dealer		
15.	Legal heirs certificate of the deceased/incapacitated Dealer issued by local elected representative		
16.	Medically unfit certificate of the incapacitated dealer issued by a Govt. Hospital in case of transfer of licence due to incapacitation		

## Part- III: Details of shop-cum-godown

17.	A layout map showing offered godown, office and shed for persons in queue, space for loading & unloading of trucks and approach road	
18.	Rental Possession:	
a.	RoR/Deed of Conveyance of the owner	
b.	Lease Deed or Tenancy Agreement (Registered)	
c.	Up to date rent receipt	

19.	Ownership:			
a.	RoR/Deed of conveyance/purchase/gift (Registered) in name of applicant			
b.	If RoR is not produced, document showin 'dokan/commercial/bastu'.	ng character of land as		
c.	Up to date property tax receipt			
d.	In case of shared ownership, NOC of oth Dealership	ner co-owners for		
Part-	· IV: Affidavit and others			
20.	Affidavit in Annexure-I			
21.	Affidavit of No-Objection of all legal heir engagement of any legal heir other than the Dealer is deceased			
22.	Nomination of the applicant by the incapac	citated Dealer		
Date: Place:				
Date:	Signature of the Receiving Staff Name: Designation:			
PerforationAcknowledgement				
Received the application from Sriof Vill/municipality				
PO				
Dealership under Compassionate Ground				
Date:	Date: Signature of the Receiving Staff Name: Designation:			

### GOVERNMENT OF WEST BENGAL

Application Form for change of ownership nature of FPS from individual to partnership/ from Partnership to individual /induction or substitution of partner along with checklist [vide clause 20 (vii) of WBPDS (M&C) Order, 2013]

FORM - C3

1.	Please select the change of ownership nature(please tick in the appropriate box ( $$ ):			
	a)	Individual to Partnership firm due to incapacitation/death:	:	
	b)	Induction of a new partner:	:	
	c)	Substitute the name of an existing partner:	:	
	d)	Reconstitution of firm by inducting family member of the deceased partner (Where partnership firm only comprised two partner):	:	
	e)	Change of nature from partnership to individual (Where no eligible person found in the family of deceased partner)	:	

2.	Comparative view of constitutions of previous entity running Dealership and the reconstituted entity				
	Constitution of Previous Entity	Constitution of the Reconstituted Entity			
	i. Name of Proprietor/Partner-1	Name of Proprietor/Partner-1			
	ii. Name of Partner-2	Name of Partner-2			
	iii. Name of Partner-3	Name of Partner-3			
	iv. Name of Partner-4	Name of Partner-4			

(add row if required)

3.	Name of the Applicant (Incapacitated dealer in case of 1(a), of the deceased dealer in case of 1(a)/Partnership firm in c surviving partner in case of 1(e) of FPS) (In Block letters)	irs :		
4.	Father's/husband's name in case of dealer or legal heir or su	rviving partner:		
5.	Name of FPS (For which change of nature is sought by the	applicant):		
6.	Whether the same name & style would be continued in reco	nstituted Dealershi	p :	
7.	If not, the name of the reconstituted firm/entity:			
8.	FPS Code:			
9.	FPS Licence no.:		:	
10.	Address of the FPS:			
11.	Residential address of the applicant:			
12.	Telephone / Mobile No of the applicant :			
13.	E mail ID of the applicant :			
14.	Present status of the applicant: Incapacitated individual of the deceased dealer/ Partnership firm/ surviving part		:	
15.	Details of application fees :			
	Challan	No.		Date of deposit
				Amount
	Please specify reason in details for change as selected at Sl		:	
17.	In case of 1 (a), (b), (c) & (d) whether a limited liability pa	rtnership firm:		
18.	Details of Incapacitation of applicant, where prayer for commade due to incapacitation:	version has been		
		·		

19.	Details of person (s) to be inducted [ for Para 1 (a) (b) (c) & (d)]/ surviving partner ( for para-1(e) :	Self Attested Photograph	
	Details of Person-1 (for more than one person use separate sheet for each)		
i)	Name (In Block letters)	:	
ii)	Father's/husband's name	:	
iii)	Residential address	:	
iv)	Permanent address	:	
v)	Telephone No./mobile No.	:	
vi)	E mail ID	:	
vii)	Applicant's date of birth	:	
viii)	Identity proof: (EPIC/Aadhaar/PAN/Passport)	:	
ix)	Address proof (Bank passbook/Driving licence/Passport/Electricity bill/Driving Licence/ Document issued by Government (Please specify the document))	:	
x)	Relation with the deceased/retiring partner:	:	
xi)	Whether has the person ever been convicted under EC Act, 1955 or in any other criminal proceedings connected with essential commodities or has/have litigation against the Department/Govt.  (If so, details thereof, else declaration in Annexure-I)		
xii)	Prior experience of business (if any)		
xiii)	Does the person(s) have any other FPS Dealership /Distributorship/ Wholesalership in his /her/their own name/name of any relative (If so, give details)		
xiv)	Whether the person(s) holding a post in the establishment of any State Government or Central Government or any authority or body or institution of Local self-government established or constituted by or under the Constitution or by any other law made by the Parliament or a State Legislature or by notification issued or order made by the Central Government or a State Government		
xv)	Whether the newly inducted /surviving partner is a member of local bodies, local authority, Panchayati Raj Institutions, board or corporation, or Member of Legislative Assembly or a Member of Parliament during his tenure as such capacity:	••	
xvi)	Whether holds any licence for any other business. (If so, details thereof)	:	
xvii)	Educational qualification:	:	
xviii)	Whether all other legal heirs of the deceased/incapacitated proprietor /partner have declared NOC in Annexure-II (not for spouse)  Or  Whether newly inducted partner is nominated by the incapacitated/retiring proprietor partner	:	
	1 1 1		

## **DECLARATION**

I/we certify that the statements above are true to the best of my/our knowledge and that for any suppression of fact(s) detected later on, the licence granted to me/us, is liable to be cancelled.

(Signature of Person-1 to be Inducted/Substituted)	(Signature of Applicant)
Date:	
Place:	

## Checklist to Form- C3

## Checklist of documents to be submitted for change of ownership nature of FPS on compassionate ground in respect of Partnership firm:

Doci	uments	Submitted (Yes/No)	Found (Yes/No) (To be filled by receiving staff)						
Part-	Part- I: Personal details of newly inducted partner(s)/ surviving partner								
1.	Recent passport size colour Photograph of <i>newly inducted</i> partner(s)( to be self-attested and affixed on the application form)								
2.	Application fees deposit challan								
3.	Identity proof of <i>newly inducted partner(s)</i> [EPIC / Aadhaar Card /PAN/Passport]								
4.	Proof of residential address of <i>newly inducted partner(s)</i> (Photocopy of EPIC/Aadhaar/Passport /recent Electric bill / Driving License/Document issued by Govt.)								
5.	Proof of date of birth of <i>newly inducted partner(s)</i> (birth certificate/ admit card of Madhyamik or equivalent / EPIC/ Aadhaar Card/ Passport)								
6.	PAN Card of newly inducted partner(s)								
7.	Proof of educational qualification of <i>newly inducted partner(s)</i> (Certificate or Marksheet)								
8.	Medical certificate of fitness of <i>newly inducted partner(s)</i> from a Govt. Hospital.								
9.	Bank Account details of newly inducted partner(s)								
10.	Proof of financial solvency (Account statement/ Deposit Certificate/FD/TD/RD/Flexi) / photocopy of updated Passbook issued by a recognized bank as reflected on the day of application and 6 (Six) months preceding the date of application continuously)								
11.	In case the aforesaid account/deposit is held jointly, NOC of such joint holder for investment in FPS Dealership								
12.	Family Income certificate issued by the local authority								
Part-	II: Details of the deceased/incapacitated dealer/ partner(s)								
13.	Photocopy of death certificate of the deceased dealer								
14.	Legal heirs certificate of the deceased dealer/partner issued by local elected representative								
15.	Medically unfit certificate of the incapacitated dealer/partner issued by a Govt. Hospital in case of transfer of licence due to incapacitation.								

Part-	II: Details of the dealership/partnershi	p firm					
16.	Previous partnership deed						
17.	Reconstituted partnership deed						
18.	Existing dealership licence						
Part-	III: Affidavit and others						
19.	Affidavit in Annexure-I by the newly in	nducted partner(s)					
20.	Affidavit in the Form of No-Objection the <i>newly inducted partner(s)</i> (not if he deceased Dealer/partner) in Annexure-deceased	e/she is spouse of the					
21.	Nomination of the applicant by the inc	apacitated Dealer/partner					
22.	Income Tax Return for last 3 FYs, if a	pplicable					
Date	Date: Place: Signature of Proprietor/Signatory Authority						
Date	•						
			Signature of the Receive Name:	ving Staff			
			Designation:				
		Perforation					
	<u>Acknowledgement</u>						
	Received application from Mr/Mrs/Ms						
Date: Signature of the Receiving Staff Name: Designation:							

(5) For annexure I to be appended with Form C, substitutes following annexure: –

"ANNEXURE-I to Form C, C2 & C3 of WBPDS (M&C) Order, 2013 [To be customized as per requirement]

## **AFFIDAVIT**

	I, Sri/Smt./			, S/O or D/O	
or \	W/O	a	ged about	years, by religion	
	by occupation	, by nationalit	ty	residing	
at_		, P.O.:		,	
P.S	s.:	_, Dist.:	, We	est Bengal , do hereby	
sol	emnly affirm and declare as follows:				
1.	That I am a citizen of India.				
2.	That I have made an application for licens	se of an FPS Dealer			
3.	That I am not a person holding a license of a family which already has a dealer or dis		olesaler in my na	me or not belonging to	
4.	That I am not a member of local bodies, local authority, Panchayati Raj Institutions, board or corporation, o Member of Legislative Assembly or a Member of Parliament.				
5.	*That I am presently holding the post /em the organization)	nployment in		_ (mention the name of	
		Or			
	That I am not holding the post/employme or any authority or body or institution of Lo or by any other law made by the Parliame Central Government or a State Government	ocal self-government established or nent or a State Legislature or by no	constituted by or	r under the Constitution	
6.	That my occupation is Business/ Unemplo phone no. etc.).	oyed * (in case of business, give det	tails, i.e. Compa	ny/Firm name, address,	
7. *I am income Tax assessee registered in the Income Tax Ward No Account No and my Taxable inc follows:			in the last three	with Permanent assessment year are as	
	Assessment Year	Taxable Income	Total In	ncome Tax paid	
			-		

	or				
	That I am not an Income Tax assessee and my income assessment year,,	s not taxable under the Income Tax Act in the last three and			
8.	That I have not been convicted by any Court of India ur criminal proceedings connected with essential commodit	•			
9.	That no offence as premised in the previous clause has be is pending before any Court of India.	een committed by me and no criminal proceedings thereof			
10.	That no warrant or summons for appearance, warrant of law for the time being in force.	arrest has been issued against me by any Court under any			
11.	. That, being a family member of the deceased or incapacitated licensee, I reside with his/her family and I undertake that my earning from the FPS dealership business will be a source of support for myself and the other members of the family (applicable in case of death or incapacitation of the existing FPS dealer).				
12.	That the statements made in above paragraphs are true t	the best of my knowledge and belief.			
Plac	ce:				
Date	te:				
		Signature of deponent			
		Identified by me			

Advocate

## ANNEXURE-II

to Form- C2 & C3 of WBPDS (M&C) Order, 2013

[To be customized as per requirement]

(Sig. of Advocate)

## **AFFIDAVIT**

I/we, the following person(s),

Sl. No.	Name	S/o or D/o or W/o	Age	Address	Relation with Deceased Dealer/Partner
1.	Sri/Smt./				
2.	Sri/Smt./				
3.	Sri/Smt./				
do here	by solemnly affirm and	declare as follows:			
1. Th	at I/ We am/are citizen	n (s) of India.			
or the	D/O or W/O e same family. at I/ we have 'no ob	<b>bjection</b> ' if he/ she i	is enga	is known to	newly inducted partner), S/O me/us since he/she belongs to n place of
4. Th			•	•	', that will not stand valid in
5. Th	at the statements made	in the above paragraph	s are to	true to the best of my/ our	knowledge and belief.
Place:					
Date:					
				Signature of the	e deponent/(s)
			1.		
			2.		
			3.	David (1): /	. : 1 4 : 6 - 4 1
				Deponent(s) is / are	e identified by me

(6) For Form D, substitutes the following Form:-

# Government of West Bengal Form-D

## Offer letter for running FPS Dealership [vide clause 20 (vi) of WBPDS (M&C) Order, 2013]

То	
Sri	/Smt.
	Sub: Offer Letter for Dealership against New/Resultant Vacancy
Sir/	/Madam,
<b>N</b> T	With reference to your application dated in responce to the Food & Supplies Department Notification
(loc	Dated for functioning of an FPS Dealer at cation), it is hereby informed that you are being offered to act as an FPS Dealer as per terms and conditions stipulated the WBPDS (M&C) Order, 2013.
(thi	You are, therefore, directed to furnish the following documents to proceed further in the matter of issue of provisional ence as per clause 21 (i) of the WBPDS (M&C) Order, 2013. The following documents should be submitted within 30 irty) days from receipt of this letter or by (mention date), whichever is earlier, failing which this offer ter shall be treated as cancelled.
1.	Recent passport sized colour photograph in triplicate
2.	Security deposit of Rs. 25000/- (Rupees twenty five thousand) in TR form no. 7 under Head of Account 8443-00-103-001-07-Deposits.
3.	License fee of Rs. 10000/- (Rupees ten thousand) in TR form no. 7 under Head of Account 0408-00-101-001-13.
4.	Trade licence
5.	Calibration certificate of weighing machine(s)
6.	(mention any other document not submitted hitherto)
	Yours faithfully

**Sub-Divisional Controller, Food & Supplies** 

(7) After Form D, insert the following Forms: –

## Government of West Bengal Form-D1

## Offer letter for running FPS Dealership [vide clause 20 (vi) of WBPDS (M&C) Order, 2013]

То	
Sri/Smt. (name of the applicant)	
( <u>Address</u> )	
Sub: Offer Letter for FPS Dealership on Compassionate Ground	
Sir/Madam,	
With reference to your application dated for functioning of an FPS Dealer at	
(location), in place of the deceased/incapacitated FPS Dealer named	(name of the
deceased/incapacitated FPS Dealer) on compassionate ground, it is hereby informed that you are	being offered to act as
an FPS Dealer as per terms and conditions stipulated in the WBPDS (M&C) Order, 2013.	
You are, therefore, directed to furnish the following documents to proceed further in the matter	of issue of provisional
licence as per clause 21 (i) of the WBPDS (M&C) Order, 2013. The following documents should	be submitted within 30
(thirty) days from receipt of this letter or by(mention date), whichever is earlier, f	ailing which this offer
letter shall be treated as cancelled.	
1. Recent passport sized colour photograph in triplicate	
2. Security deposit of Rs. 25000/- (Rupees twenty five thousand only) in TR form no. 7 ur 8443-00-103-001-07-Deposits.	nder Head of Account
3. License fee of Rs. 10000/- (Rupees ten thousand) in TR form no. 7 under Head of Account	0408-00-101-001-13.
4. Trade licence	
5. Calibration certificate of weighing machine(s)	
6. (mention any other document not submitted hitherto)	
Yours fa	ithfully

Sub-Divisional Controller, Food & Supplies (Jurisdiction)

## Government of West Bengal Form-D2

## Offer letter for running FPS Dealership [vide clause 20 (vii) of WBPDS (M&C) Order, 2013]

				[		(*, * ** (*, *, *)	
То		0.1	1	1			
	me Idre		partnership firm/	applicant)	)		
		,		Sub: Offe	r Letti	er for FPS Dealership on Reconstitution	
G:	/ <b>N</b> / L =	1		Suo. Offe	I Detti	er for 113 Dealership on Reconstitution	
Sir/		dam,					
	aler	ship at	t (location), it is he	ereby infor	med t	for substitution/inclusion/exclusion of a partial factor approval of such proposed conversion/modificated conditions stipulated in the WBPDS (M&C) Order	tion, you are being
(thi	nce rty)	as per days	r clause 21 (i) of the	ne WBPDS is letter or	S (M&	collowing documents to proceed further in the matter of is C) Order, 2013. The following documents should be su (mention date), whichever is earlier, failing	ibmitted within 30
1.	Re	ecent p	passport sized cole	our photog	graph i	n triplicate	
2.	Se	curity	•	25000/- (		es twenty five thousand) in TR form no. 7 under	Head of Account
3.	Li	cense	fee of Rs. 10000/	- (Rupees	ten th	ousand) in TR form no. 7 under Head of Account 040	08-00-101-001-13.
4.	Tr	ade li	cence				
5.	Са	alibrat	ion certificate of v	weighing n	nachin	ne(s)	
6.	(m	nention	n any other docun	nent not su	ıbmitt	ed hitherto)	
						Yours faithfu	ılly
						Sub-Divisional Co Food & Supp (Jurisdiction	plies
(8)	In	the Ta	able of Schedule A	A, for Sl. N	No. 6 a	and entries thereto, substitute the following Sl. No. an	d entries thereto:-
	"	6.	Penalty/fine	24(ii)		For any discrepency of stock of public distribution commodity, a minimum penalty of Rs. 15,000/-, which may be extended upto maximum of three times the value arising out of the difference between the market price and the price of purchase by dealer of the stock.  For irregularities of any other nature, a minimum penalty of Rs. 15,000/-";	
(9)	In	the Ta	able of Schedule I	B, for Sl. N	No. 6 a	and entries thereto, substitute the following Sl. No. an	d entries thereto:-
	"	6.	Penalty/fine	31(c)	(i)	For any discrepancy of stock of public distribution commodity, a minimum penalty of Rs. 1,00,000/-, which may be extended upto maximum of three times the value arising out of the difference between the market price and the price of purchase by distributor of the stock.	
					(ii)	For irregularities of any other nature a minimum penalty of Rs. 1.00.000/-":	

#### Form-L

## **ENQUIRY REPORT**

## into Application for FPS Dealership against a Vacancy Notification

[vide clause 20 (iii) of WBPDS (M&C) Order, 2013]

(Please fill all the fields. If any item is not applicable write "Not Applicable" instead of leaving it blank)

Na	me and Designation of the Enquiry Officer:	ען	ate of Enquiry:
Pa	rt- I (Details of Vacancy Notification and Crucial date)		
Sl. No.	Subject	:	Findings
1	Place of Vacancy	:	
2	Vacancy Notification No. & Date	:	
3	Date of Publication in the official Gazette	:	
4	Date of publication of indicative advertisement in daily news paper and its name of the newspaper	:	
5	Last date for application	:	
6	Date of this application	:	
7	Whether application has duly been made in Form-C under WBPDS (M&C) Order	:	
8	Whether application fees has duly been deposited	:	
Pa	rt- II [Details of the individual Applicant]		
9	Name of the of the Applicant	:	
10	Name of father/husband of the applicant	:	
11	Residential address of the applicant	:	
12	Date(s) of birth	:	
13	Sex	:	
14	Educational Qualification of the applicant	:	
15	Occupation of the applicant	:	
16	Whether identity of the applicant is verified, mention the ID card and its number.	:	
17	Whether residential address of the applicant is verified and he is permanent resident of the sub-division.	:	
18	Whether the applicant is physically and mentally fit as per the Govt. hospital certificate.	:	
19	Whether the applicant has submitted Bank Details and you have verified	:	

Sl. No.	Subject	:	Findings
20	Whether the applicant is financially solvent as per Order No ( please mention the details of the Bank Statement /FD/RD/TD)	:	
21	In case such account/deposit is held jointly, NOC of such joint holder(s) for investment into FPS Dealership	:	
22	Whether a person holding a post in the establishment of any State Government or Central Government or any authority or body or institution of Local self-government established or constituted by or under the Constitution or by any other law made by the Parliament or a State Legislature or by notification issued or order made by the Central Government or a State Government	:	
23	Whether the applicant has any other FPS Dealership / Distributorship/Wholesalership in his /her/their own name /name of any relative (If so, give details)	:	
24	Whether the applicant has prior experience of business, if any, mention it.	:	
25	Whether the applicant is a member of local bodies, local authority, Panchayati Raj Institutions, board or corporation, or Member of Legislative Assembly or a Member of Parliament during his tenure as such capacity.	:	
26	Whether the applicant has submitted all documents as per checklist	:	
27	Comments:	:	
Pai	rt- III [Details of the Applicant other than individual]		
28	Name of the Applicant	:	
29	Nature of the Applicant (partnership firm/sangha/mahasangha/ co-operative society)	:	
30	Name(s) of the authorised office bearer(s)	:	
31	Name of father/husband of the authorised office bearer	:	
32	Educational Qualification of the authorised office bearer	:	
33	Whether the organisation is registered under relevant act, mention Registration No. with date and registering authority	:	
34	In case of partnership firm, whether a limited liability partnership firm	:	
35	Office address of the Applicant	:	
36	Whether registered office address of the applicant is verified and it is in the district.	:	
37	Whether the applicant is engaged in any other business/trade/profession. If yes, give details.	:	
38	Whether resolution of Board of Directors/Governing Body for venturing into dealership submitted	:	

Sl. No.	Subject	:	Findings
39	Whether identity of the authorised office bearer is verified, mention the ID card and its number.		
40	Whether Power of Attorney in favour of authorised office bearer submitted	:	
41	Whether the authorised office bearer is physically and mentally fit as per the Govt. Hospital certificate.		
42	Whether the applicant has submitted Bank Details and you have verified	•	
43	Whether the applicant is financially solvent as per Order No., mention the details of the Bank Statement/FD/RD/TD		
44	In case the aforesaid account/deposit is held jointly, whether NOC of such joint holder for investment in FPS Dealership is submitted	:	
45	Whether the applicant has ever been Convicted under E.C. Act, 1955 or has/have in litigation against the Department /Govt. (If so, details thereof, else whether affidavit declaration in Annexure-I is submitted)	:	
46	Whether the applicant has any other FPS Dealership / Distributorship/Wholesalership in own/any relative's name	••	
47	Whether the applicant has submitted all documents as per checklist	••	
48	Comments:	••	
Par	rt-V (Storage Godown and Office Details):		
49	Full address of the proposed shop-cum-godown with dag no., khatian no., village, Gram Panchayat, Block, Police Station and Pin Code (in case of rural area) or holding no, street name, ward no., municipality, Police Station and Pin Code (in case of municipal area):	:-	
50	Details of the shop-cum-godown proposed:  a. Dimension of the storage godown     (Length x Breadth x height in ft. &area):  b. Character of land of the premises (commercial/dokan/bastu):  c. Size of the sales counter (L × B × H in ft. & area):  d. Whether godown and sale counter are adjoining: Yes/ No/ ft. apart  e. Whether constructions godown and counter are pucca:  f. Whether roof is of concrete:  g. Whether measurement instrument are calibrated:  h. Whether the width of the approach road (in ft.) is     sufficient for loading and unloading of food grains:  i. Whether the premise is free from encumbrances:		
51	Storage capacity of the godown (in qt.)	:	
52	Whether lay out plan has been tallied	:	

		ı		
Sl. No.	Subject	:	Findings	
53	<ul> <li>GPS locations of</li> <li>a. The proposed shop-cum-godown(if shop and godown are separate by more than 10mt, mention locations separately)</li> <li>b. Central point of the vacancy area</li> <li>c. The previous FPS (in case of resultant vacancy)</li> </ul>			
54	Distance from the central point (defined by a landmark) of the vacancy area in metre.			
55	In case it is a resultant vacancy, distance from the previous FPS			
56	Comments on suitability	:		
Par	rt-VI (Possession of the Storage Godown)	•		
57	Rental Possession:  a. Name(s) of owner(s) of the premises:  b. No. and date of execution of registered lease/tenancy deed with the applicant:  c. Period of lease/tenancy under registered agreement deed:  d. Whether expressly rented/leased for FPS as per deed:  e. Whether RoR of the owner, lease/tenancy agreement and up to date rent receipt have been verified with original and signatures tallied: Yes/ No/ Not produced by the applicant			
58	Ownership: a. Whether the applicant is absolute owner: b. If yes, mode of acquisition: Gift/Purchase/Inheritance c. No. and date of execution of conveyance deed: d. Absolute owner or shared e. If shared, whether other co-owners agree to conduction of business:	:		
59	Whether conveyance/purchase deed (registered), parcha, up to date property tax receipt and NOC of other co-owners (for shared ownership only) have been verified with original and signatures tallied:	:	Yes/No/Not produced by the applicant	
60	Whether details of the godown corroborate with the aforesaid documents	÷		
61	Whether the premise is under physical possession of the applicant:	:		
62	Comments:	:		

Sl. No.	Subject	:	Findings
Par	rt- VII (Other details)		
63	Local reputation of the applicant:	:	
64	Any document not submitted by the applicant:	:	
65	Overall comments with positive/negative recommendation	:	

**Declaration :** Certified that enquiry has been conducted by the undersigned. All the documents have been verified from original by me. Physical inspection is also done by me. All columns have been filled or mentioned "Not Applicable"

Date : Signature of Enquiry Officer with Seal Name:

**Designation:** 

### Form-L1

## **ENQUIRY REPORT**

# into Application for FPS Dealership of Individual Ownership under Compassionate Ground [vide clause 20 (vi) of WBPDS (M&C) Order, 2013]

(Please fill all the fields. If any item is not applicable write "Not Applicable" instead of leaving it blank)

Name and Designation of the Enquiry Officer:		D	Date of Enquiry:		
Pa	Part- I (Details of dealership)				
Sl. No.	Subject	:	Findings		
1	Code and Name of FPS Dealership	:			
2	Name the (ex) owner of FPS Dealership	:			
3	Whether the old licence verified	:			
4	Year of last renewal. Reason for gap in renewal, if any	:			
5	Whether any proceedings initiated by the licensing authority is kept pending against the deceased/incapacitated dealer	:			
Pa	art- II (Crucial date) :				
6	Date of demise/incapacitation of deceased/incapacitated proprietor/partner(s)	:			
7	Date of Application:	:			
8	Whether the application for grant of license was submitted within 90 (ninety) days from the date of death/incapacitation:	:			
Pa	rt- III (Details of deceased/incapacitated proprietor/partner(s))				
9	Name(s) of deceased/incapacitated proprietor/partner(s):	:			
10	Whether Death Certificate issued by competent authority submitted and have you verified with original:	:	Yes/Not produced by the applicant		
11	Legal heirs certificate of the deceased dealer issued by local elected representative :	:	Yes/Not produced by the applicant		
12	In case of incapacitation, details of reason:	:			
13	Whether medical certificate from a Govt. Hospital (for incapacitation) submitted and have you verified with original:	:	Yes/Not produced by the applicant		
Par	rt- IV [Details of the Applicant]				
14	Name of the of the Applicant	:			
15	Name of father/husband of the applicant	:			
16	Relation with deceased/incapacitated dealer	.			

Sl. No.	Subject	:	Findings
17	Whether application fees deposit challan submitted and verified with original	:	Yes/Not submitted
18	Permanent residential address of the applicant	:	
19	Date(s) of birth	:	
20	Sex	:	
21	Educational Qualification of the applicant		
22	Whether all other legal heirs of the deceased dealer have declared NOC in Annexure-II (not required for spouse): Or Whether the applicant is nominated by the incapacitated Dealer	:	
23	Whether identity of the applicant verified, mention the ID card and its number:	:	
24	Whether residential address of the applicant verified:	:	
25	Whether the applicant is physically and mentally fit as per the Govt. Hospital certificate:	:	
26	Whether the applicant has submitted Bank Details and you have verified:	:	
27	Whether the applicant is financially solvent (please mention the details of the Bank Statement/FD/RD/TD):	:	
28	In case the aforesaid account/deposit is held jointly, NOC of such joint holder for investment in FPS Dealership	:	
29	Monthly family income of the applicant as per certificate from competent authority	:	
30	Whether the applicant has any other means of subsistence (SKO Dealership, if has got any, is not to be taken into account)	:	
31	Whether a person holding a post in the establishment of any State Government or Central Government or any authority or body or institution of Local self-government established or constituted by or under the Constitution or by any other law made by the Parliament or a State Legislature or by notification issued or order made by the Central Government or a State Government	:	
32	Whether the applicant has ever been Convicted under E.C. Act, 1955 or has/have litigation against the Department/Govt. (If so, details thereof, else whether affidavit declaration in Annexure-I has been submitted)	:	
33	Whether the applicant has any other FPS Dealership / Distributorship/Wholesalership in his /her/their own name/name of any relative (If so, give details)	:	

Sl. No.	Subject	:	Findings
34	Whether the applicant is a member of local bodies, local authority, Panchayati Raj Institutions, board or corporation, or Member of Legislative Assembly or a Member of Parliament during his tenure as such capacity:	:	
35	Comments:	:	
Par	rt-V (Storage Godown and Office Details)		
36	Full address of the shop-cum-godown under previous Dealership with dag no., khatian no., village, Gram Panchayat, Block, Police Station and Pin Code (in case of rural area) or holding no, street name, ward no., municipality, Police Station and Pin Code (in case of municipal area):		
37	Whether the same shop-cum-godown would be in use now:		
38	If any change has happened in address of the shop-cum- godown though the premises remaining same and identical, then mention new address with reason for change		
39	In case an altogether new shop-cum-godown is being proposed, distance of it from previous FPS		
40	GPS Locations of  a. Proposed shop-cum-godown (if shop and godown are separate by more than 10mt, mention locations separately)  b. Shop-cum-Godown under previous Dealership		
41	Details of the shop-cum-godown proposed:  a. Dimension of the storage godown		
42	Storage capacity of the godown (in qt.):		
43	Whether lay out plan has been tallied:		
44	Comments on suitability:		
Par	rt-VI (Possession of the Storage Godown)		
45	Rental Possession:  a. Name(s) of owner(s) of the premises:  b. No. and date of execution of registered lease/tenancy deed with the applicant:  c. Period of lease/tenancy under registered agreement deed:		

Sl. No.	Subject	:	Findings
	d. Whether expressly rented/leased for FPS as per deed: e. WhetherRoR of the owner, lease/tenancy agreement and up to date rent receipt have been verified with original and signatures tallied: Yes/ No/ Not produced by the applicant		Yes/No/Not by the applicant
46	Ownership: a. Whether the applicant is absolute owner: b. If yes, mode of acquisition: Gift/Purchase/Inheritance c. No. and date of execution of conveyance deed: d. Absolute owner or shared e. If shared, whether other co-owners agree to conduction of business:		
47	Whether conveyance/purchase deed (registered), parcha, up to date property tax receipt and NOC of other co-owners (for shared ownership only) have been verified with original and signatures tallied:		Yes/ No/ Not produced by the applicant:
48	Whether details of the godown in Part- II corroborate with the aforesaid documents:		
49	Whether the premise is under physical possession of the applicant:		
50	Comments:		
Part- V	II (Other details)	•	
51	Local reputation of the applicant:		
52	Any document not submitted by the applicant:		
53	Overall comments with positive/negative recommendation:		

**Declaration :** Certified that enquiry has been conducted by the undersigned. All the documents have been verified from original by me. Physical inspection is also done by me. All columns have been filled or mentioned "Not Applicable"

Date:	Signature of Enquiry Officer with Seal
	Name :

**Designation:** 

#### Form-L2

## **ENQUIRY REPORT**

# into Application for FPS Dealership under Compassionate Ground in respect of Partnership Firm [vide clause 20 (vii) of WBPDS (M&C) Order, 2013]

(Please fill all the fields. If any item is not applicable write "Not Applicable" instead of leaving it blank)

Name and Designation of the Enquiry Officer:		Date of Enquiry:				
Pa	rt- I (Details of previous dealership)					
Sl. No.	Subject		:	Findings		
1	Code and Name of FPS Dealership		:			
2	Name the owner of FPS Dealership		:			
3	Nature of ownership (proprietorship/partnership	o)	:			
4	Year of last renewal. Reason for gap in renewal,	if any	:			
5	Whether any proceedings initiated by the licensin is kept pending against the deceased/incapacitate		:			
Pa	rt- II (Exact nature of the transfer applied for)					
	Please select one of the following:  a. Individual to Partnership firm due to incapacitation /death  b. Induction of a new partner in partnership firm  c. Substitution of an existing partner  d. Reconstitution of firm by inducting family member of the deceased partner (Where partnership firm only comprised of two partners)  e. Change of nature from partnership to individual (Where no eligible person found in the family of deceased partner)					
	Comparative view of constitutions of previous		_	•		
	Constitution of Previous Entity			titution of the Reconstituted Entity		
	i. Name of Proprietor/Partner-1 ii. Name of Partner-2			ame of Proprietor/Partner-1 ame of Partner-2		
	iii. Name of Partner-3		Name of Partner-3			
	iv. Name of Partner-4	iv. N	Jam	e of Partner-4		
Pa	art- III (Crucial date) :					
6	Date of demise/incapacitation of deceased/incapacitated proprietor/partner(s)		:			
7	Date of Application:		:			
8	Whether the application for grant of license was within 90 (ninety) days from the date of	as submitted	:			

Sl. No.	Subject	:	Findings		
Par	Part- IV (Details of deceased/incapacitated proprietor/partner(s))				
9	Name(s) of deceased/incapacitated proprietor/partner(s):	:			
10	Whether Death Certificate issued by competent authority submitted and have you verified with original:	:	Yes/ Not produced by the applicant		
11	Legal heirs certificate of the deceased dealer issued by local elected representative :	:	Yes/ Not produced by the applicant		
12	In case of incapacitation, details of reason:	:			
13	Whether medical certificate from a Govt. Hospital (for incapacitation) submitted and have you verified with original:	:	Yes/ Not produced by the applicant		
Par	t- V (Details of the applicant and application fees)				
14	Name of the applicant (Incapacitated dealer in case of 5(a)/one of the legal heirs of the deceased dealer in case of 5(a)/Partnership firm in case of 5(b-d)/ surviving partner in case of 5(e) of FPS):	:			
15	Present status of the applicant: Incapacitated individual dealer/legal heir of the deceased dealer/Partnership firm/surviving partner	:			
16	Whether the name & style of the previous Dealership would be continued in reconstituted Dealership:	:			
17	If not, the name of the reconstituted firm/entity:	:			
18	Whether Previous partnership deed submitted and verified:	:			
19	Whether Reconstituted partnership deed submitted and includes the newly inducted partner:	:			
20	In case of 5 (a), (b), (c) & (d) whether a limited liability partnership firm:	:			
21	Whether the signatory is authorised in reconstituted partnership deed or by power of attorney:	:			
22	Whether application fees deposit challan submitted and verified with original:	:	Yes/Not submitted		
Par	t- VI [Details of the new /surviving partner(s)]				
23	Name of the newly inducted /surviving partner (s):	:			
24	Date(s) of birth:	:			
25	Name(s) of father(s):	:			
26	Relation with deceased/incapacitated proprietor/partner:	:			
27	Whether all other legal heirs of the deceased / proprietor /partners have declared NOC in Annexure-II (not required for spouse): Or Whether the incapacitated Dealer/partner has nominated the newly inducted partner:	:			

Sl. No.	Subject	:	Findings
28	Whether identity of newly inducted /surviving partner(s) verified:	:	
29	Whether residential address of newly inducted /surviving partner(s) verified:	•	
30	Whether newly inducted /surviving partner(s) are physically and mentally fit as per a Govt. Hospital certificate:	:	
31	Whether the reconstituted partnership firm/surviving partner has submitted Bank Details and you have verified:	:	
32	Whether the reconstituted partnership firm/surviving partner is financially solvent (please mention the details of the Bank Statement/FD/RD/TD):	:	
33	Whether the newly inducted partner has submitted Bank Details and you have verified:	:	
34	Monthly family income of the newly inducted /surviving partner as per certificate from competent authority: Whether the newly inducted /surviving partner has any other means of subsistence:	:	
35	Whether a person holding a post in the establishment of any State Government or Central Government or any authority or body or institution of Local self-government established or constituted by or under the Constitution or by any other law made by the Parliament or a State Legislature or by notification issued or order made by the Central Government or a State Government	:	
36	Whether the newly inducted /surviving partner has ever been convicted under E.C. Act, 1955 or has/have litigation against the Department/Govt. (If so, details thereof, else whether declaration in Annexure-I has been submitted):	:	
37	Whether the newly inducted /surviving partner has any other FPS Dealership /Distributorship/Wholesalership in his /her/their own name/name of any relative (If so, give details)	:	
38	Whether the newly inducted /surviving partner is a member of local bodies, local authority, Panchayati Raj Institutions, board or corporation, or Member of Legislative Assembly or a Member of Parliament during his tenure as such capacity:	:	
39	Whether the applicant or his relative is the owner of a flour mill or rice mill empanelled by the State Government	:	
40	Comments:	:	
Par	rt- VII (Other details)		
41	Local reputation of the applicant:	:	

Sl. No.	Subject	:	Findings
42	Any document not submitted earlier by the applicant:	:	
43	Overall comments with positive/negative recommendation:	:	

**Declaration :** Certified that enquiry has been conducted by the undersigned. All the documents have been verified from original by me. Physical inspection is also done by me. All columns have been filled or mentioned "Not Applicable"

Date:	Signature of Enquiry Officer with Seal
	Name:
	Designation:

## Form-M

## Checklist SCF&S while sending cases of FPS Dealership against New/Resultant Vacancy [vide clause 20 (iii) of WBPDS (M&C) Order, 2013]

Sl. No.	Documents	Name of	fappl	icant-1:	Name of	fappl	licant-2:	Name of applicant-3:			Name of applicant-4:		
		Whether submitted	CP no.	Remarks, if any	Whether submitted		Remarks,	Whether submitted		Remarks, if any	Whether submitted	CP no.	Remarks, if any
1	Application in Form-C1 submitted in due time	Yes/No			Yes/No			Yes/No			Yes/No		
2	Application fee deposited in correct amount and H-o-A	Yes/No			Yes/No			Yes/No			Yes/No		
3	Registered partnership deed in respect of partnership firm submitted	Yes/No/ NA			Yes/No/ NA			Yes/No/ NA			Yes/No/ NA		
4	Registration certificate for Coop. Soc./Sangha or Mahasangha of SHG	Yes/No/ NA			Yes/No/ NA			Yes/No/ NA			Yes/No/ NA		
5	Identity proof of individual applicant/ authorised office bearer and ID type	Yes/No			Yes/No			Yes/No			Yes/No		
6	Residential proof of individual applicant/ authorised office bearer and ID type	Yes/No			Yes/No			Yes/No			Yes/No		
7	Educational qualification proof of individual applicant/ authorised office bearer and type of document	Yes/No			Yes/No			Yes/No			Yes/No		
8	Medical fitness certificate of individual applicant/ authorised office bearer	Yes/No			Yes/No			Yes/No			Yes/No		
9	Proof of financial solvency submitted as per requirement with details	Yes/No			Yes/No			Yes/No			Yes/No		
10	PAN Card of individual applicant/ organisation	Yes/No			Yes/No			Yes/No			Yes/No		
11	Declaration in Annx-I	Yes/No/ Not in proper format			Yes/No/ Not in proper format			Yes/No/ Not in proper format			Yes/No/ Not in proper format		
12	Income Tax Return for last 3 years	Yes/No/ NA			Yes/No/ NA			Yes/No/ NA			Yes/No/ NA		
13	Audit Report for last 3 years for applicants other than individuals	Yes/No/			Yes/No/ NA			Yes/No/ NA			Yes/No/ NA		

Sl. No.	Documents	Name of	appl	plicant-1: Name of applic		icant-2:	Name of	licant-3:	Name of applicant-4:				
		Whether submitted	CP no.	Remarks,	Whether submitted		Remarks, if any	Whether submitted		Remarks, if any	Whether submitted		Remarks, if any
14	Lay out map (Drawn by whom in remarks)	Yes/No			Yes/No			Yes/No			Yes/No		
	RoR of the owner	Yes/No			Yes/No			Yes/No			Yes/No		
session	Proof of ownership, if RoR is not submitted	Yes/No/ NA			Yes/No/ NA			Yes/No/ NA			Yes/No/ NA		
15 rental possession	Registered tenancy/ lease deed b/w owner and applicant	Yes/No			Yes/No			Yes/No			Yes/No		
15	Up to date rent receipt	Yes/No			Yes/No			Yes/No			Yes/No		
	RoR of the applicant	Yes/No			Yes/No			Yes/No			Yes/No		
16 for ownership	Registered conveyance deed if RoR is not submitted	Yes/No/ NA			Yes/No/ NA			Yes/No/ NA			Yes/No/ NA		
6 for ov	Up to date Property Tax receipt	Yes/No			Yes/No			Yes/No			Yes/No		
1	NOC of other co- owners, if applicable	Yes/No			Yes/No			Yes/No			Yes/No		
17	Classification of the land. Mention type of doc. and classification (Dokan/ Bastu/ commercial) in remarks col.				Yes/No			Yes/No			Yes/No		
18	Size of shop/office, godown and shed for queue of rationees												
19	Distance from central point (defined by a landmark) of the vacancy area												
20	Distance from discontinued FPS (in case of resultant vacancy)												
21	Whether Enquiry Officer recommended or not in enquiry report	Yes/No			Yes/No			Yes/No			Yes/No		
22	Whether all criteria fulfilled by the applicant	Yes/No			Yes/No			Yes/No			Yes/No		
23	Views of the SCF&S/ (including grading of the applicant as following A-most eligible, B-eligible, C-eligible with some conditions, D-not eligible, E-absent in enquiry)												

### Schedule-M1

## Checklist of SCF&S while sending cases of FPS Dealership on Compassionate Ground [vide clause 20 (vi) of WBPDS (M&C) Order, 2013]

Sl. No.	Documents	Whether submitted	CP no.	Premise of Required Remarks	Remarks thereof
1	Death/ incapacitation certificate of the deceased/retiring Dealer	Yes/No		Date of demise/incapacitation with issuing authority	
2	In case of incapacitation, nomination of the applicant by existing Dealer	Yes/No/NA		Date of submission	
3	Application in Form-C2	Yes/No		Whether submitted in due time	
4	Application fee	Yes/No		Whether in correct amount & HoA	
5	Old licence	Yes/No		Whether was renewed up to date	
6	Legal heir certificate	Yes/No		Whether the applicant features in it	
7	NOC of other legal heirs in Annx-II in case death (not for spouse) Or Nomination of newly inducted partner by the incapacitated/ retiring Dealer/ partner	Yes/No/NA		Whether all other legal heirs have signed Or Whether physically verified by the EO	
8	Identity proof of applicant	Yes/No		Type of ID	
9	Residential proof of applicant	Yes/No		Type of ID	
10	Educational qualification proof	Yes/No		Nature of document	
11	Medical fitness certificate	Yes/No		Issuing authority and date	
12	Proof of financial solvency	Yes/No		Type of deposit(s) with amount	
13	Declaration i.r.o. GO no. 1706-FS dt. 21.07.14, as amended, if account balance not as per order				
14	Declaration i.r.o. GO no. 1707-FS dt. 21.07.14, as amended, if size of godown& shop not as per the order	Yes/No/NA		Whether in proper format and whether sworn before competent authority	
15	Family income certificate	Yes/No		Issuing authority and date	
16	Declaration in Annx-I	Yes/No		Whether in proper format and sworn before competent authority	
17	Lay out map of the godown-cum-shop	Yes/No		Drawn by whom	
	RoR of the owner	Yes/No			
18 rental possession	Proof of ownership, if RoR is not submitted	Yes/No/NA		Type of document	
18 rental possessio	Registered tenancy/lease deed between owner and applicant	Yes/No		Date of execution with period of tenancy/lease	
	Up to date rent receipt	Yes/No		Rent paid till which month	
hip	RoR of the applicant	Yes/No			
19 for ownership	Registered conveyance deed if RoR is not submitted	Yes/No/NA		Type of document	
forc	Up to date Property Tax receipt	Yes/No		Paid till which period	
19	NOC of other co-owners, if applicable	Yes/No			

Sl. No.	Documents	Whether submitted	CP no.	Premise of Required Remarks	Remarks thereof
20	Classification of the land, Dokan/ Bastu/commercial	Yes/No		Type of document	
21	Any Court case pending in respect of the dealer	Yes/No		Case No. and ground	
22	Any Departmental enquiry is pending against the dealer	Yes/No		Ground and at which end	
23	Enquiry report	Yes/No		Date of submission	
				Whether positively recommended by the EO	
24	Whether personal hearing was conducted	Yes/No		Whether finding was satisfactory	
25	Whether the applicant fulfils all the criteria to be engaged as FPS dealer on compassionate ground	Yes/No		Which criteria is not fulfilled	
26	Whether the application is recommended by the SCF&S, if not recommended, give details				

Sub-Divisional Controller, Food & Supplies (Jurisdiction)

## Schedule - M2

## Checklist of SCF&S while sending cases of FPS Dealership for reconstitution of Partnership Firm [vide clause 20 (vii) of WBPDS (M&C) Order, 2013]

Sl. No.	Documents	Whether submitted	CP no.	Premise of Required Remarks	Remarks thereof
1	Death/incapacitation certificate of the deceased/retiring Dealer/Partner	Yes/No		Date of demise/incapacitation with issuing authority	
2	In case of induction of a new/ surviving partner, nomination of the applicant by existing Partner	Yes/No/NA		Date of submission	
3	Application in Form-C3	Yes/No		Whether submitted in due time	
4	Application fee	Yes/No		Whether in correct amount & HoA	
5	Old licence	Yes/No		Whether was renewed up to date	
6	Legal heir certificate in case of death	Yes/No		Whether the applicant features in it	
7	NOC of other legal heirs in Annx-II in case of death (not for spouse) Or Nomination of newly inducted partner by the incapacitated/retiring Dealer/partner	Yes/No/NA		Whether all other legal heirs have signed Or Whether physically verified by the EO	
8	Identity proof of new/surviving partner	Yes/No		Type of ID	
9	Residential proof of new/surviving partner	Yes/No		Type of ID	
10	Educational qualification proof of new/surviving partner	Yes/No		Nature of document	
11	Medical fitness certificate of new/ surviving partner	Yes/No		Issuing authority and date	
12	Proof of financial solvency of the firm	Yes/No		Type of deposit(s) with amount	
13	Declaration i.r.o. GO no. 1706-FS dt. 21.07.14, as amended, if account balance not as per order	Yes/No/NA		Whether in proper format and whether sworn before competent authority	
14	Declaration i.r.o. GO no. 1707-FS dt. 21.07.14, as amended, if size of godown& shop not as per the order	Yes/No/NA		Whether in proper format and whether sworn before competent authority	
15	Family income certificate	Yes/No		Issuing authority and date	
16	Declaration in Annx-I	Yes/No		Whether in proper format and sworn before competent authority	
17	Previous partnership deed	Yes/No		Whether family member of the new/surviving partner was a partner	

Sl. No.	Documents	Whether submitted	CP no.	Premise of Required Remarks	Remarks thereof
18	Reconstituted partnership deed	Yes/No		Whether new/surviving partner included	
19	Any Court case pending in respect of the dealership	Yes/No		Case No. and ground	
20	Any Departmental enquiry is pending against the dealership	Yes/No		Ground and at which end	
21	Enquiry report	Yes/No		Date of submission	
				Whether positively recommended by the EO	
22	Whether personal hearing was conducted	Yes/No		Whether finding was satisfactory	
23	Whether the applicant fulfils all the criteria to be engaged as FPS dealer on compassionate ground/reconstitution	Yes/No		Which criteria is not fulfilled	
24	Whether the application is recommended by the SCF&S, if not recommended, give details				

**Sub-Divisional, Food & Supplies** (Jurisdiction)

By order of the Governor,

PARWEZ AHMAD SIDDIQUI, IAS Secretary to the Government of West Bengal.