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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 & Supplies
11A, Mirza Galib Street, Kolkata-700087

NOTIFICATION

No. 2066-FS/Sectt/Food/4P-09/2012 (Part III) – Kolkata, the 20th May, 2022. – WHEREAS it has been considered necessary to amend the West Bengal Urban 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:—

Amendment

In the said Control Order,

- (1) In sub-clause (a) of clause 17, for the words "proposed godown of dealership is situated", *substitute* the words "proposed godown of wholesaler is situated";
- (2) for "FORM A-2" of Schedule - I, *substitute* the following Form: –

“SCHEDULE I

Government of West Bengal

FORM A2

[Clause 17(a) & 17(c) of WBUPDS (M&C) Order, 2013]

Form of Application for Engagement of Wholesaler

Fields marked with * are mandatory

| | | |
|---|---|--------------------------|
| 1 | Advertisement/Notice no. * | |
| | Advertisement/Notice Date * | |
| 2 | Place of Vacancy * | |
| 3 | Whether the applicant is (tick whichever is applicable) * | |
| | An Individual | <input type="checkbox"/> |
| | Registered Partnership Firm | <input type="checkbox"/> |
| | Registered Cooperative Society | <input type="checkbox"/> |

| | | |
|--|--|--------------------------|
| | Sangha of Self-Help Group working within a district | <input type="checkbox"/> |
| | Mahasangha of Self-Help Group working within a district | <input type="checkbox"/> |
| PERSONAL DETAILS OF THE APPLICANT | | |
| 4 | Name of the Applicant * (Individual or Firm) | (BLOCK LETTERS) |
| 5 | Name of Authorized Signatory * (for all types of applicants other than individual) (Person applying on behalf of individual or Firm) | (BLOCK LETTERS) |
| 6 | Father's Name (for individual/authorized signatory) | |
| 7 | (a) Full residential address (for individual), or Full Address of the Firm (for Registered Partnership/Registered Cooperative Society/ Sangha of SHG or Mahasangha of SHG working within a district) | |
| | Street name | |
| | Block/Municipality/Municipal Corporation * | |
| | Police Station * | |
| | Sub-Division * | |
| | District * | |
| | Pin * | |
| | (b) Permanent Address <i>Please check this if same as above</i> <input type="checkbox"/> | |
| | Street name | |
| | Block/Municipality/Municipal Corporation * | |
| | Police Station * | |
| | Sub-Division * | |
| | District * | |
| | Pin * | |
| | (c) Contact details | |
| | Mobile no. * | |
| | e-mail id * | |
| OTHER DETAILS OF THE APPLICANT | | |
| 8 | Date of Birth * (for individual) or Date of Registration of Firm * (for Registered Partnership/Registered Cooperative Society) | |
| 9 | Educational Qualification * (for Individual/Authorized Signatory) | |
| GODOWN DETAILS (Repeat nos. 10 & 11 for EACH GODOWN) | | |
| 10 | Location of the Proposed Godown(s) | |
| | Plot/Holding no. * | |
| | Khatian no. * | |
| | Name of Mouza/Ward no. * | |
| | Street name | |
| | Block/Municipality/Municipal Corporation * | |
| | Police Station * | |
| | Sub-Division * | |
| | District * | |
| | Pin * | |

| | | |
|---|---|----------------------------------|
| | Boundary * | North |
| | | South |
| | | East |
| | | West |
| OTHER DETAILS OF THE PROPOSED GODOWN | | |
| 11 | (a) Size/Measurement of the Proposed Godown(s) * | |
| | Length (in ft.) | |
| | Breadth (in ft.) | |
| | Height (in ft.) | |
| | Area (in sq. ft.) | |
| | Plinth level (in ft.) | |
| | Rolling shutters: | |
| | Numbers | |
| | Size (in metre) | |
| | Bottom ventilators: | |
| | Numbers | |
| | Size (in metre) | |
| | Top ventilators | |
| | Numbers | |
| | Size (in metre) | |
| | (b) Nature (tick whichever is applicable) * | |
| | Registered Rental/Leased | <input type="checkbox"/> |
| | Ownership | <input type="checkbox"/> |
| 12 | Storage capacity (of all godowns shown in 10 and 11)* | |
| 13 | Whether the godown is having (tick whichever is applicable) * | |
| | Pucca Structure | <input type="checkbox"/> |
| | Concrete Floor | <input type="checkbox"/> |
| | Well ventilation | <input type="checkbox"/> |
| 14 | Classification/Character of the land on which the proposed godown(s) is/are situated * | |
| FINANCIAL SOLVENCY & MISCELLANEOUS DETAILS | | |
| 15 | (a) Amount of money which can be invested in the business of Wholesaler as working capital (in Rs.) on the date of application * | |
| | (b) Where the account is maintained * | |
| | Name of Bank/Post Office | |
| | Name of Branch | |
| | Type of account | |
| | | Savings |
| | | Current |
| | | Other (Flexi deposit/Fixed term) |
| | (c) PAN Card No. * | |
| | (d) No. of own/hired vehicles/boats that the applicant intends to use and to implement the unique colour coding identification and GPS installation as directed by the Department from time to time * | |
| | (e) No. of persons proposed to be hired to run the business. * | |

| | | |
|----|---|--------------------------|
| 16 | Whether the applicant was, at any time convicted by any criminal court under the EC Act or any other criminal proceedings connected with essential commodities. * | |
| | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| | Affidavit sworn in a 1 st Class Magistrate Court thereof (in Annex.-I) | |
| 17 | Prior experience of business, if any (Write 'none' if you do not have any. Otherwise write the article the business dealt in, and tenure of business)* | |
| 18 | Present profession (e.g. unemployed, service, business etc.)* | |
| 19 | Does any relative of the applicant as defined in the Control Order possess FPS or Distributorship/Wholesalership licence in PDS? * | |
| | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| | If yes, give details | |
| 20 | Does any family member of the applicant as defined in the Control Order possess any flour mill or rice mill empanelled by the State Government? * | |
| | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| | If yes, give details | |
| 21 | Details of application fee * | |
| | (a) Amount (in Rs.) | |
| | (b) GRIPS BR no. | |
| | (c) GRIPS receipt date | |

Fields marked with * are mandatory

22. An applicant for Wholesalership must note that he/she shall have to abide by the following terms and conditions in case he/she is offered a license:—

1. The standard of godown offered by the applicant shall be in keeping with the norms stipulated in GO no. 1482-FS dt. 08.04.2022 and as amended from time to time. There has to be adequate space for loading and unloading to be indicated by way of a layout map. The colouring of the storage godown shall also be undertaken as per the specification given by the Department.
2. Computerized infrastructure and internet should be placed at the godown for integrated management of entry and exit of food grains having seamless online connectivity as stipulated by the Department, within a month of offer.
3. Computerized recording through CCTV and cameras should be installed within a month of offer.
4. Infrastructure arrangement and placement of quality control equipments such as moisture meter, tray, balance etc. shall have to be made at the godown as stipulated in the offer letter, within one month.
5. Land Conversion Certificate shall be submitted. In case of hired godown, a registered rent/lease agreement for at least a period of ten years shall be submitted.
6. An office attached to the godown shall be set up by the Wholesaler, and both shall be open for inspection by the Department officials at any point of time.
7. Vehicles used for transportation of food grains shall have to be brought under unique colour identification and GPS installation.

Declaration:

- (i) I/We do hereby declare that the above information is true to the best of my/our knowledge and belief. If any of the above declarations are found false or fabricated at any stage of processing of the application my/our application is liable to be cancelled without further notice by the authority concerned.
- (ii) I/we agree that furnishing false/misleading information will lead to cancellation of this application and even termination of licence at any stage of its issuance, as well as legal and criminal action against me/us by the competent authority.
- (iii) I/we understood that mere submission of application or any action taken for enquiry etc. thereof does not confer any right upon me to claim my/our selection against the vacancy.

Undertaking: I/We shall abide by :-

- i. The provisions of WBUPDS (M&C) Order, 2013 as well as the above terms and conditions.
- ii. Conditions of the licence that may be issued to me/us.
- iii. Directions issued by competent authority from time to time.
- iv. All relevant rules and regulations.

Signature of the Applicant**Checklist of Documents to be Submitted with Form-A2 of WBUPDS (M&C), 2013**

| | | |
|---|-----------|---------------------------|
| 1. Filled up and signed application in Form-A2 | Submitted | |
| 2. Recent passport sized colour photograph (individual, others: Authorized Signatory) | Yes/No | |
| 3. Affidavit in Annexure-I to Form-A2 | Yes/No | |
| 4. Application fee receipt from GRIPS | Yes/No | |
| 5. Identity Proof (any one of the following) (for individual, others: authorized signatory) | Yes/No | |
| a. Aadhaar Card <input type="checkbox"/> | | |
| b. EPIC (Voter Card) <input type="checkbox"/> | | |
| c. Passport <input type="checkbox"/> | | |
| 6. Proof of residential/office address (any one of the following) (for individual: residential, others: office) | Yes/No | |
| a. Aadhaar Card <input type="checkbox"/> | | |
| b. EPIC (Voter Card) <input type="checkbox"/> | | |
| c. Passport <input type="checkbox"/> | | |
| d. Recent electricity bill <input type="checkbox"/> | | |
| 7. Proof of Date of Birth (any one of the following) (for individual, others: authorized signatory) | Yes/No | Not Applicable (for Firm) |
| a. Aadhaar Card <input type="checkbox"/> | | |
| b. EPIC (Voter Card) <input type="checkbox"/> | | |
| c. Passport <input type="checkbox"/> | | |
| d. Birth Certificate <input type="checkbox"/> | | |
| e. Admit Card of Madhyamik Pariksha or equivalent <input type="checkbox"/> | | |

| | | | |
|---|---|----------------|----------------------------------|
| 8. Proof of educational qualification (Certificate/Marksheet) (for individual, others: authorized signatory) | Yes/No | | |
| 9. PAN Card (for individual, others: firm) | Yes/No | | |
| 10. For Partnership Firm, registered partnership deed (for applicants who have chosen 'Partnership' in sl. no. 3 of Form A2) | Yes/No | Not Applicable | |
| 11. Power of Attorney in favour of signatory partner/office bearer (for the person mentioned at sl. no. 5 of Form A2) | Yes/No | Not Applicable | |
| 12. Registration Certificate of Cooperative Society (for applicants who have chosen such option in sl. no. 3 of Form A2) | Yes/No | Not Applicable | |
| 13. Resolution of Board of Directors/Governing Body in case of registered Cooperative Society/ Sangha or Mahasangha of SHG for venture into PDS Wholesalership (for applicants who have chosen such option in sl. no. 3 of Form A2) | Yes/No | Not Applicable | |
| 14. Medical Certificate of individual/signatory authority from a Govt. Hospital | Yes/No | | |
| 15. Sanctioned plan of offered godown | Yes/No | | |
| 16. A layout map of the offered godown and office indicating space for loading and unloading of truck and approach road | Yes/No | | |
| 17. In case of own godown (if selected 'Ownership' in sl. no. 12 of Form A2) (no. of godowns shown in 11 of Form A2 will be shown here) | a. Land Conversion Certificate | Yes/No | Not Applicable, if rented godown |
| | b. Record of Right or | Yes/No | |
| | c. Registered conveyance/ purchase/gift deed | Yes/No | |
| 18. In case of rented godown (if selected 'Rental/Leased' in sl. no. 12 of Form A2) (no. of godowns shown in 11 of Form A2 will be shown here) | a. Land Conversion Certificate | Yes/No | Not Applicable, if own godown |
| | b. Registered tenancy/lease agreement for a period of at least 10 years | Yes/No | |
| | c. Uptodate Rent Receipt | Yes/No | |
| | d. Proof of ownership of Land of Lessor | Yes/No | |
| 19. Proof of financial solvency (account statement/deposit certificate/ updated passbook issued by a recognized bank as reflected on the day of application) | Yes/No | | |
| 20. If the aforesaid account is held jointly, NOC of such joint holder for investment in PDS Wholesalership | Yes/No | Not Applicable | |
| 21. Income Tax Return for last 3 FYs, if applicable | Yes/No | Not Applicable | |
| 22. Audit report for last 3 FYs, if applicable | Yes/No | Not Applicable | |

Signature of the Applicant.”

(3) for Annexure I, *substitute* the following Annexure: –

**“ANNEXURE-I
to Form A2
WBUPDS (M&C) Order, 2013
To be typed on non-judicial stamp paper of Rs. 10/- and
To be sworn before the 1st class Magistrate
(Can be customized as per requirement)**

AFFIDAVIT

I, Sri/Smt./ _____, S/O or D/O or W/O _____
aged about _____ years, by religion _____ by
occupation _____, by nationality _____ residing permanently at _____
, P.O.: _____, P.S.: _____,
Dist.: _____, West Bengal, do hereby solemnly affirm and declare as follows:

1. *That I am a citizen of India.
2. That I have made an application for license of Wholesaler.
3. That I am not a person holding a license of distributor or wholesaler in my name or not belonging to a family which already has a distributor or wholesaler license.
4. That neither I nor my family members are an owner/partner/Director of flour mill or rice mill empanelled by State Government.
5. That I am not a member of local bodies, local authority, Panchayati Raj Institutions, board or corporation, or Member of Legislative Assembly or a Member of Parliament.
- *That I am presently holding the post /employment in _____ (mention the name of the organization)

Or

That I am not holding the post/employment 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;

7. That my occupation is Business/ Unemployed * (in case of business, give details, i.e. Company/Firm name, address, phone no. etc.).
8. *I am income Tax assessee registered in the Income Tax Ward No. _____ with Permanent Account No. _____ and my Taxable income in the last three assessment year are as follows:

| Assessment Year | Taxable Income | Total Income Tax paid |
|-----------------|----------------|-----------------------|
| | | |
| | | |
| | | |

or

*That I am not an Income Tax assessee and my income is not taxable under the Income Tax Act in the last three assessment year _____, _____ and _____.

That I have not been convicted by any Criminal Court under the Essential Commodities Act, 1955 or in any other criminal proceedings connected with essential commodities at any time prior to the date of application.

10. *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 Wholesalership 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 Wholesaler**).
11. That, if selected, I shall have to carry out directions/instructions of the State Government or its authorized officers given from time to time for delivery of public distribution commodities or in connection with all other activities related to lifting, transportation, storage, delivery, online procedure, etc.
12. That the statements made in above paragraphs are true to the best of my knowledge and belief.

Place:

Date:

Signature of deponent

Identified by me

Advocate

[The paragraph marked with the sign (*) should be omitted if does not required. All the pages of the affidavit should be signed by applicant.]

(4) *Omit Annexure II.*

By Order of the Governor,

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