[See clause 6 (1)]
[The Haryana Public Distribution System (Control) Order 2009]

Application for Grant/Renewal/Reissue of License (Fair Price Shop/Dealer)/ Issue of duplicate copy of License (Fair Price Shop/Dealer)

APPLICA	NT'S NAME
(a). FATH	IER'S NAME
	ther SC/ST/SCM/PH ANT'S PROFESSION.
NAME (ANT'S RESIDENCE. PIN: OF THE PDS COMMODITY/COMMODITIES. THE APPLICANT WANTS TO DEAL WITH
b) Pla	tails of place where the applicant wants to act as dealer/fair price shop ace of business ot No. PIN CODE ata No.
Me	ouza: escription of boundary:
No W	the East orth est outh
c)	Nature of premises (i) Building: Pucca Kacha (ii) Roofing: RCC Asbestos sheet (iii) Compound wall: Yes No
d)	Ownership of premises: Own Rented If rented, the details of Agreement made with the owner

6.	Whether, the applicant wants to act as Fair Price Shop/	/Dea	er								
7.	Did the applicant hold a license on any previous occasi (If so, give particulars including its suspension or cancel		on,	if a	any	·.)]		
8.	Quantity of each of the PDS commodities handled annually during last three years.										
9.	Quantity of each of the PDS commodities likely to be handled during the current year.										
10.	Income-tax paid in the two years preceding the year of application. (to be indicated separately) (PAN CARD NO.)										
11.	(Income Tax Clearance Certificate to be attached)(a) Quantities of each of the PDS commodities										
	in the possession of the applicant on the date of application.(b) Complete address of places where the essential comments	oditi	es aı	e p	rop	ose	d to	be	sto	ored	
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								Ħ	Ī	T	
								<u> </u>			
								<u> </u>		<u> </u>	
Harya	I declare that the quantities of each of the essential possession this day and are held at the places note above I have carefully read the conditions of license gena Public Distribution System (Licensing Control.) Order I declare that the data's/information furnished by to the best of my knowledge and belief. *(a) I have no previously applied for such license in the district for	e. iven er, 20 me this as no	in to disconnected No.	For and the tric ante	rm ll I app	'B' agr olic	aj ee atio	ppe to a on	end abio are	ed 1 de b	to the
	ace: ate:										

Signature of the Applicant