

**GOVERNMENT OF INDIA
MINISTRY OF COMMUNICATIONS AND INFORMATION TECHNOLOGY
DEPARTMENT OF POSTS**

Application No.

Application cum FranchiseOutlet Agreement Form

PART-A

(To be filled by the applicant)

- 1) Name of Applicant (in block letters):
- 2) Nationality:
- 3) Age: (Should be 18 years or above on the date of application, proof to be attached)
- 4) Whether Department of Posts (DoP) pensioner (Yes / No):
(If yes, attach copy of PPO)
- 5) Income Tax PAN / GIR No.:
(In case Pan / GIR No is not provided, declaration in form 60 to be provided)
- 6) Present Address:
- 7) Permanent Address:
- 8) Location from where business will be conducted:
- 9) Proposed timings of business:
- 10) Details of premises from where business is to be conducted:
 - (a) Whether owned / rented / leased:
 - (b) If not owned, indicate period up to which present rent/ leased agreement is valid:
 - (c) Distance of premises from the nearest Post Office:
- 11) Indicate present business/ occupation, if any and whether it is intended to be carried on from the same premises / address as the postal franchise.
- 12) Please indicate previous experience, if any, in retailing services:
- 13) Do you have knowledge of working on a computer and would you be using a computer for providing this service:
- 14) Name, address and telephone number of a respectable person of the locality who can be contacted for reference.

15) Please indicate, if Business Plan has been enclosed:

16) Details of Security required:

I agree to abide by all the terms / conditions mentioned in the franchising agreement & license.

Declaration:

I, _____ s/o d/o w/o _____
declare and undertake that the above information is wholly true. I have read and understood the terms and conditions under the Franchise Scheme. I hereby agree to abide by them. I also agree to abide by any changes that may be made in them from time to time.

Dated:

Signature of the Applicant / Franchise

PART - B

(For office use only)

1. Application received on
2. Registration No. allotted
3. Date of allotment
4. Number & Date of NSC
5. Date of authorization of franchise
(To be authorized within 7 days from the date of receipt of NSC)
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DEPARTMENT OF POSTS
(Acknowledgement)

Received one application for franchising from
Mr./Mrs./Ms.
(Name and address of the applicant)

Registration No. is

Receipt Assistant

Office Stamp

"NOTE: Application cum Franchise Agreement Form is also available at the concerned Postal Divisional Office and duly filled up Application Form & other documents are to be submitted to the Sr./Superintendent of Post Offices of the concerned Postal Divisional Office, the competent authority for grant of license under the Scheme. For more details about scheme may contract Sr./Superintendent of Post Offices of the concerned Postal Divisional Office."