



**APPLICATION FOR ISSUE OF AUTHORISATION TO RUN A FAIR PRICE SHOP**

**FP Shop Details:**

Shop District: \_\_\_\_\_ FP Shop Mandal: \_\_\_\_\_  
FP Shop Dealer ID: \_\_\_\_\_ Authorization No: \_\_\_\_\_  
FP shop Address: \_\_\_\_\_

**FP Shop Dealer Details:**

Dealer Name (In Capital Letters): \_\_\_\_\_  
Father/Mother Name: \_\_\_\_\_ Age & Date of Birth: \_\_\_\_\_  
Caste: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_

Address: Door No: \_\_\_\_\_ Locality/Landmark: \_\_\_\_\_ Village: \_\_\_\_\_  
Mandal: \_\_\_\_\_ District: \_\_\_\_\_ Pin code: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ E- Mail ID: \_\_\_\_\_

Whether he is physically handicapped (YES/No) \_\_\_\_\_

Whether the applicant is connected with any other business run either by himself or by any member of his family and if so give details \_\_\_\_\_

Whether any number of the applicant's family has been issued authorization to fair price shop earlier and if so give the details \_\_\_\_\_

Whether any of his blood relations is working in revenue/CS Dept. /CS corp. and if so give details \_\_\_\_\_

Village location, Door number, when the applicant wants to run fair price shop, if he is selected \_\_\_\_\_

Whether he can raise the sufficient funds to run fair price shop with his own funds and if so give source or whether he needs institutional finance \_\_\_\_\_

Whether he was convinced earlier for offence under central order issued by the State/Central under E.C Act. \_\_\_\_\_

Amount, Challan number and date through which fee for issued authorization and application renewal has been submitted \_\_\_\_\_

**I have carefully read the conditions and I agree to abide by them.**

- (a) I have not previously applied for such authorization in this district.
- (b) I applied such authorization in this district on \_\_\_\_\_ and was not granted.
- (c) I hereby apply for renewal of authorization .....  
.....which is enclosed.  
(Strike of the Clauses not applicable)

Signature of the Applicant

**Procedure (following to be enclosed):**

- 1) Application Form\*
- 2) Copy of Authorization letter\*
- 3) Latest renewed food grains and kerosene License\*
- 4) PHC Certificate (Certificate is enclosed in case he is physically handicapped).

**Contact Details:**

Land Line Number : \_\_\_\_\_  
Mobile Number : \_\_\_\_\_  
E- Mail ID : \_\_\_\_\_