

**Form 'H' - Annexure VIII**

**APPLICATION FOR LICENSE TO OPERATE FAIR PRICE SHOP (SELF HELP GROUPS / WOMEN ACTIVITY GROUPS/WOMEN COLLECTIVES/ CO-OPERATIVES)**

[See sub-clause 2 of clause 34 of Chapter IV of the Kerala Targeted Public Distribution System (Control) Order, 2021]

photo of the applicant

1. Particulars of the self help groups / women activity groups/women collectives/ co-operatives

- (a) Name and type :
- (b) Registration no. and year :
- (c) In case of self help groups / women activity groups/women collectives year of constitution, scheme under which they are recognized :
- (d) Office address :
- (e) Chief occupation and working area :
- (f) Details of the Chief Executive and members of the managing committee:
- (g) Date of resolution of the Managing Committee to apply for the licence (copy to attach):

2. The details of the fair price shop for which the license is required :

3. Information as to the Chief Executive authorised by the Managing Committee of the self help groups / women activity groups/women collectives/ co-operatives to make application

- (a) Name :
- (b) Father's /husband's name :
- (c) Permanent address :
- (d) Correspondence address :
- (e) Phone no./ Mobile no./ e-mail address :
- (f) Aadhaar No. :

4. If reservation is claimed, state reservation class and attach caste certificate of the member of the Managing Committee

5. Details of shop identified/ proposed:

- a) Name of Local body :
- b) Ward No & Building No :
- c) Area of building :
- d) Taluk
- e) District

6. Whether owned or rented (if rented consent of the building owner shall be attached)

7. Description of boundaries :
8. Area of building(in Sq.ft)
9. Experience if any :
10. Details of accompaniment
  - a) application form
  - b) copy of the resolution
  - c) experience
  - d) rent agreement with the building owner
  - e) ownership certificate of the building
11. If the self help groups / women activity groups/women collectives/ co-operatives has a license of any other business, give its details.

**Declaration**

I Sri/Smt.....S/o/D/o/W/o.....aged..... hereby declare on behalf of the..... as being authorised in the meeting dated.....of its Managing Committee by the resolution no..... that the above-mentioned particulars are true to the best of my knowledge and belief, and nothing is undisclosed. We shall be liable to legal action if they are found incorrect in future.

I further declare that the Managing Committee of..... have gone through and understood the provisions of the Kerala Targeted Public Distribution System (Control) Order, 2021 and it agrees to abide by it.

Signature of the applicant

Name of self-help groups / women activity groups/women collectives/ co-operatives

Date :

**For Office use**

Date of receipt of application

Report of the Officer conducting enquiry

Orders of the District Supply Officer

Other remarks