

ANDHRA PRADESH GAZETTE EXTRAORDINARY

**Form-1
(see clause 8)**

**ANDHRAPRADESH TARGETED PUBLIC DISTRIBUTION SYSTEM (CONTROL) ORDER-2019
APPLICATION FOR ISSUE / RENEAL OF AUTHORIZATION TO RUN A FAIR PRICE SHOP /NOMINATED
RETAILER/HAWKER .**

1. Name of the Person:
2. Name of the Institution /Women Self Help Group/ Cooperative Society
(in capital letters) with Name of Group Leader/ Organizer :
3. Address :
4. Caste (indicate whether she/ he is SC or ST) :
5. Whether the person or her/ his family or
group/ Cooperative leader is connected with any other
business run either by group/Coop. or
by any group members and if so give details.:
6. Village , Location, Door Number, where the Fair Price Shop,
Want to be conducted business :
7. Whether authorized person or group/Coop can
raise sufficient funds to run
Fair Price Shop and if so give source
Or whether it needs institutional finance.: :
8. Whether the person or group or any other members of group
Were convicted earlier for any offence under any
Control Order issued by the State/ Centre under E.C. Act.1955. :
9. Amount, Challan Number and date Through
Which fee for issue of Authorization / Renewal of
Authorization has been remitted. :

I / we have carefully read the conditions of authorization under the Andhra Pradesh Public
Distribution System (Control) Order , 2018 and I agree to abide by them .

- (a) I / We have not Previously applied for such Authorization in this district
- (b) I / We Applied for such Authorization in this district on and was not Granted
- (c) I/ We hereby apply for Renewal of Authorizationand
.....Which is enclosed.

(Strike off the Clauses not Applicabel)

Signature of the Applicant

Place:
Date :