

Form-I

( See clause 5 (8) )

**THE TELANGANA STATE PUBLIC DISTRIBUTION SYSTEM  
(CONTROL) ORDER 2016**

**APPLICATION FOR ISSUE OF AUTHORISATION TO RUN A  
FAIR PRICE SHOP / NOMINATED RETAILER / HAWKER**

01. Name of the candidate: \_\_\_\_\_  
(in capital letters)

01. a. Aadhaar No. \_\_\_\_\_

02. Father's Name

02. a. Names of family members and relationship

03. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

04. Age and date of birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Certificate to be enclosed)

05. Educational Qualifications:

06. Caste (Indicate whether he is SC or ST):

07. Whether he is physically handicapped :  
(Certificate be enclosed in case he is  
physically handicapped)

08. 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.

09. Whether any member of the applicants family :  
has been issued authorization to run Fair Price  
Shop earlier and if so give details.

10. Whether any of his blood relations is working in :  
Revenue / CS Dept. / CS Corpn. and if so give  
Details

11. Village, location, door number, where the :  
applicant wants to run Fair Price Shop, if he is  
selected.

12. Whether he can raise sufficient funds to run :  
Fair Price Shop with his own funds and if so  
give source or whether he needs institutional  
finance.

13. Whether he was convicted earlier for any :  
offence under any Control Order issued by the  
State / Centre under E.C. Act.1955

14. Amount, Challan Number and date through :  
which fee for issue of authorization / renewal  
of authorization has been remitted.

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I have carefully read the conditions of authorization under the Telangana Public Distribution System (Control) Order, 2016 and I agree to abide by them.

\*(a) I have not previously applied for such authorization in this district

\*(b) I applied for such authorization in this district on and was not granted

\*(c) I hereby apply for renewal of authorisation \_\_\_\_\_  
and \_\_\_\_\_ which is enclosed.

\*(Strike off the Clauses not applicable)

**Signature of the Applicant**

Place:

Date: