

Form-I
(See clause 8)
ANDHRA PRADESH TARGETED PUBLIC DISTRIBUTION SYSTEM
(CONTROL) ORDER 2018
APPLICATION FOR ISSUE / RENEWAL OF AUTHORISATION 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 member and if so give details.
6. Village, location, door number, where the Fair Price Shop,
wants 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 authorization _____
and _____ which is enclosed.

*(Strike off the Clauses not applicable)

Signature of the Applicant

Place:

Date: