ANNEX- III

GOVERNMENT OF INDIA
MINISTRY OF COMMUNICATIONS AND INFORMATION TECHNOLOGY
DEPARTMENT OF POSTS

Application No.

Application cum Postal Agent Agreement Form

PART-A (To be filled by the applicant)

1. Name of Applicant (in block letters):

2. Nationality:

3. Date of Birth: (Should be 18 years or above on the date of application, proof to be attached)

4. Identification Mark:

4. Whether DoP pensioner (Yes / No):
(If yes, attach copy of PPO)

5. Present Address:

6. Permanent Address:

7. Location& premise/ shop from where business is to be conducted:

8. Proposed timings of business:

9. Distance of premises from the nearest Post Office:

10. Please indicate previous experience, if any, in retailing services:

Declaration:

I, _____ s/o d/o w/o _____ declare and undertake that the above information is wholly true. I have read and understood the terms & conditions mentioned in the franchise scheme and I hereby agree to abide by them. I also agree to abide by any changes that may be made in them from time to time.

Dated: Signature of the Applicant / Postal Agent

PART – B

(For office use only)

1. Application received on ……..

2. Registration No. allotted …….

3. Date of allotment ……..

4. Date of authorization of Postal Agent …….
   (To be authorized within 7 days from date of receipt of application)

……cut……...

DEPARTMENT OF POSTS
(Acknowledgement)

Received one application for franchising from
Mr./Mrs./Ms. ……..
(Name and address of the applicant)

Registration No. is ……..

Receipt Assistant

Office Stamp

"NOTE: Application cum Postal Agent Agreement Form is also available at the concerned Postal Divisional Office and duly filled up Application Form & other documents are to be submitted to the Sr./Superintendent of Post Offices of the concerned Postal Divisional Office, the competent authority for grant of license under the Scheme. For more details about scheme may contract Sr./Superintendent of Post Offices of the concerned Postal Divisional Office."

ANNEX-IV

DEPARTMENT OF POSTS

POSTAL AGENT

Passport size Photograph

Identity Card No.

Postal Agent License No.

Location/ Area of activity:

Name:

Address:

Date of Birth:

Identification Mark:

Date of issue:

Validity expires on:

Complete Address of Link Post Office:

Signature of Postal Agent
(In presence of Issuing Authority)

(Signature of Divisional Head)
With Office Seal