



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

Application No.:

Application-cum-Franchisee Agreement Form
(To be filled by the applicant)

PART – A

1. Name of applicant (in block letters)	
2. Nationality	
3. Age (Should be 18 years or above on the date of application; proof to be attached)	
4. Whether Department of Posts Pensioner (If yes, attach copy of PPO)	Yes / No
5. Income Tax PAN / GIR Number (In case PAN / GIR number is not provided, declaration in Form-60 to be provided)	
6. Present Address	
7. Permanent Address	
8. Location from which business will be conducted	
9. Proposed timings of business	
10. Details of premises where business is to be conducted: a. Whether owned/rented/lease b. If not owned, indicate period upto which present agreement is valid c. Distance of premises from the nearest Post Office	
11. Indicate present business occupation, if any, and whether it is intended to be carried on from the same premises / address as the postal franchise.	
12. Please indicate previous experience, if any, in retailing services	

13. Do you have knowledge of working on a computer and would you be using a computer for providing this service?	
14. Names, addresses and telephone numbers of two respectable persons of the locality who can be contacted for reference.	
15. Please indicate if Business Plan has been enclosed	
16. Details of Security required	

I agree to abide by all the terms / conditions mentioned in the franchising agreement & licence.

Declaration:

I, _____ son of / daughter of / wife of _____ declare and undertake that the above information is wholly true. I have read and understood the terms and conditions mentioned in the Annexure to this Application Form. 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 / Franchisee

PART – B
(For office use only)

1. Application received on	
2. Registration No. allotted	
3. Date of allotment	
4. Date of performance bank guarantee execution	
5. Date of authorisation of franchise (To be authorised within 7 days from date of execution of performance bank guarantee)	

DEPARTMENT OF POSTS
(Acknowledgement)

Received on application for franchising from Mr. / Mrs. / Ms. _____

(Name and address of the applicant)

Registration No. is _____

Office Stamp

Receipt Assistant