

ANNEXURE

APPLICATION FORM FOR AN INDIVIDUAL FOR APPOINTMENT/RENEWAL AS
AUTHORISED AGENT

To

The
(Appointing Authority)

Sub:- Application for appointment/Renewal of MPKBY Agency.

Sir,

I request that I may be appointed as an authorised agent/ my agency may be renewed under the “ Mahila Pradhan Khetriya Bachat Yojana” for can vassing and securing deposits in 5-year Recurring Deposit Account on a commission (at such rate as may be certified by the Govt. of India from time to time in the _____ area (Municipality) House No/ Plot No_____ to _____ which consists of _____ families.

2. I agree to abide by all the rules and regulations regarding the appointment/Renewal of MPKBY agents at present in force and as may be amended from time to time under the above said agency scheme.

2. (a) I am not employed under the Central/State Govt.

2. (b) I declare that none of my near relatives (i.e. my husband, legitimate child, step child, my husband’s father, mother, sister or brother etc. as defined above is employed under Central /State Govt.

OR

I give below the particulars of near relations (my husband, legitimate child or step child my or my husband’s father, mother, sister or brother) etc as defined above who are employed under the Central/State Govt.

Name of the close relative	Relationship	Particulars of office where employed.
1).		
2).		
3		
4.)		
5.)		

I attach No Objection certificate (s) from head(s) office/Deptt. Where the above mentioned person (s) is/are employed to the effect that there is no Objection to my taxing up agency under the above said agency scheme.

3. I shall provide a security of Rs. 5000/- (Rupees Five thousand) only in shape of six year (6) year National Savings Certificates only pledged to president of India.

OR

I shall furnish two personal securities of Rs.5000/- each as prescribed in para-5 of Executive Instructions.

OR

I shall furnish a fidelity Guarantee Policy of Rs. 10000/- in the manner prescribed in para-5 of Executive Instructions.

4. The Agreement (From ASLAAS-3) will be executed by me immediately on hearing from you about the approval of my appointment/renewal as an authorised agent.

5. I enclose herewith my five specimen signatures.

6. I may please be attached to
HPO/SPO/BO for transaction of my business.

Yours faithfully,

Date: (Signature with full name &
Place: address of the applicant)

Recommended that the application may be/ may not be appointed/
Renewed as authorised agent on account of the following reasons.

Place: Signature
Date: (District Small Savings Officer)
DSSO Govt. of Orissa.

FOR USE OF APPOINTING AUTHORITY.

Appointed/ Renewed as recommended by the District Small Savings Officer,
_____ approved/ not approved.

Place: Signature
Date: (Designation of the Appointing Authority)