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A. Name & Personal details

1 Name of the Applicant (in Capital Letter) [grid]
2 Father's Name [text] 3. Spouse Name [text]
4 Date of Birth [D D M M Y Y Y Y] 5 Sex (M/F) [] 6 Mobile No (Mandatory) [grid]
7 Proof of Identity Voter card/ Aadhar No [grid] 8 Email ID [text]
9 Caste (GENERAL / SC / ST), Please mention mandatorily [text]

B. Agency Details

1 Whether you want to keep Products & Ice Cream along with Milk . (Y/N) []
2 Agent Type (Booth /Mobile) [text] 2 Name of Controlling Dairy [text]
4 Town/Market Name [text] 5 Booth Ownership (Own/Rented) [text]
6 Land Ownership (Govt. /Own/Other) [text] 7 If Govt.land, is it leased(Y/N) [] 9 Lease Authority [text]

C. Address Details (All fields are Mandatory)

1. Address item 2. Permanent Address 3. Contact Address 4. Dairy Parlour Location Address
a. House/Plot Number [text] [text] [text]
b. Area/Road Name or Village [text] [text] [text]
c. Post Office [text] [text] [text]
d. Ward No. or Gram Panchayat [text] [text] [text]
e. ULB or Block Name [text] [text] [text]
f. District [text] [text] [text]
g. PIN Code [grid] [grid] [grid]

D. Cold Chain Equipments Availability

Table with 3 columns: Equipment, Quantity, Capacity (in Litres). Rows: Refrigerator, Deep Fridge, Bottle Cooler.

DETAILS OF THE BANK WHERE APPLICANT IS LIKELY TO APPLY FOR THE DEDS 2017 DAIRY PARLOUR SCHEME LOAN (MANDATORY)
(Applicant to apply in the bank , preferably where he/she already has a bank account)
BANK NAME [text] BANK'S BRANCH NAME / LOCATION [text]

I do, hereby ,undertake that the above mentioned information furnished by me is true & correct to the best of my knowledge.

Place :
Date :

Signature of applicant

Note: Kindly submit the following documents (Xerox copy) along with this application form and (v) mark which is enclosed.

- 1 Proof Of Identity (Any one of the following) [] Voter's I-Card [] Aadhaar Card [] DL [] PAN Card
2 Proof of Address of Dairy Parlour
a) In case of leased shop [] Agreement Executed with house/shop owner [] Latest Elect Bill in house / shop owner's name [] Tel. Bill in house owner / shop owner's name
[] House Owner Property Document (Pata)
b) In case of Own Shop [] Property Ownership Document [] Self Electricity Bill [] Self Electricity Bill

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DEDS DAIRY PARLOUR SCHEME'S SELECTION COMMITTEE APPROVAL REPORT

(The Selection Committee to be chairpersoned by CDVO, and to include Lead District Bank Manager, GM-DIC, SVIB, Plant Manager, Marketing In-Charge, DDM NABARD)

FOR SELECTION COMMITTEE USE ONLY

Verified the site _____ (location/ place name) proposed by the applicant Shri / Smt _____ which is her/his own plot/premises or leased plot/ premises and found feasible/potential for allotment of OMFED outlet at the site, in favour of the applicant.

Route In-charge Remark _____ (Route In-Charge signature with date)

DATE OF SELECTION COMMITTEE MEETING [d d . m m . y y y y]

Marketing In-charge Remark _____ (Marketing In-Charge signature with date)

Plant Manager Remark _____ (Plant Manager signature with date)

LDBM Remark _____ (LDBM Signature with date & Stamp)

AGM, NABARD Remark _____ (AGM, NABARD Signature with date & Stamp)

CDVO Remark _____ (CDVO signature with date & Stamp)

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Application Form for New Agents

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A. Name & personal details

1 Name of the Applicant's (in Capital Letters)

2 Father's Name 3. Spouse Name

4 Date of Birth 5 Sex (M/F) 6 Mobile No

7 Proof of Identity **Aadhar No** 8 **email ID**

B. Agency Details

1 a.Milk b.Products c.Both

3 Status (Agent/Distributor) 4 Agent Type (Booth /Mobile)

6 Name of controlling Dairy 7 Town/Market Name 8 Booth Ownership

9 Land Ownership (Govt. /Own/Other) 10 If Govt.land, is it leased(Y/N) 11 Lease Authority

C. Address Details

1. Address item	2. Permanent Address	3. Contact Address	4. Booth location Address
a. House/Plot Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Area/Road Name or Village	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Post Office	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Ward No. or Gram Panchayat	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. ULB or Block Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. District	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. PIN Code	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. Bank Account/Payment Procedure Details

1. Sl.No	2. Bank Name	3. Branch Name	4. IFSC Code	5. Account No	6. Account Type

7 Payment Procedure a.Challan deposit in Bank b.Cash deposit in Omfed c. NEFT/RTGS to Omfed Account (Tick one /two boxes)

8 Whether you have Debit Card (Y/And) 9 If Yes, Type of Debit Card ? a. RUPAY b. VISA c. Mastercard

E. Cold Chain Equipments Availability

Equipment	Quantity	Capacity (in	Whether You require more?	If Yes , Details of Quantity & Capacity
Refrigerator				
Deep Fridge				
Bottle Cooler				

G Suggestion for improvement in procedure placing order, making payment, receiving products etc.

I do, hereby ,undertake that the above mentioned information furnished by me is true & correct to the best of my knowledge.

Place :

Date :

Signature of applicant

Note: Kindly submit the following documents (Xerox copy) along with this application form and (v) mark which is enclosed.

1 Aadhar card 2 Electricity bill 3 Voter Card 4 Teliphoe bill

5 Agreement Executed with house owner