

FORM ASLAAS-1(B)

APPLICATION FORM FOR AN INDIVIDUAL FOR APPOINTMENT AS AN AUTHORISED AGENT

To,

.....

.....

(Appointing Authority)

Subject : Application for appointment as an Authorised Agent (MPKBY).

Sir,

I request that I may be appointed as an Authorised Agent under the Mahila Pradhan Kshetriya Bachat Yojna for canvassing and securing deposit in 5 - Years Recurring Deposit Accounts on a commission (at such rate as may be notified by the Govt. of India from time to time) in the area (Municipal House No./Plot No.....to.....which consists offamilies).

2. I agree to abide by all the rules and regulations regarding the appointment of Authorised Agent at present in force and as may be amended from time to time under the above said Agency Schemes.

3. I shall provide a security of Rs. 100/Rs. 500/- in shape of 6 - Years National Savings Certificate duly pledged in favour of the President of India.

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

5. I enclose herewith, in triplicate, my specimen signature.

Yours faithfully

Name and full address of the applicant

Place

.....

Place

.....

DECLARATION
(To be furnished by the applicant for appointment of MPKBY Agent
along with the application)

I,..... resident of
..... solemnly affirms as under :-

- 1) That I am not an employee of the State Government/Central Government and Union Territory and undertake to inform the appointing authority and give up the agency whenever I enter such employment.
- 2) That none of my near relative is working in the Postal Department in a non-gazetted capacity in the same Division where the agency falls.
- 3) The none of my near relative who is dependent on me is working in the Postal Department in a non-gazetted capacity in the same State or Union Territory where the agency falls.
- 4) That none of my near relative is working in the National Savings Organisation in the same State or Union Territory where the agency falls.
- 5) That none of my near relative is working in the Postal Department or the National Savings Organisation in a gazetted capacity anywhere in India.
- 6) That I would apply for my renewal of my agency 45 days in advance.
- 7) That I would procure business myself.
- 8) That I would not sit in the post office. If I am found without any business in the Post Office, my agency may returned may be terminated.
- 9) I further declare that none of my near relatives (i.e. my wife/husband, legitimate child or step child, father/ step father, mother/step mother, brother/step brother, sister/step sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law or daughter-in-law) is employed under the Central or State/Union Territory Government.

OR

- 10) I give below the particulars of my near relatives (i.e. my wife, husband, legitimate child or step child, my father/step father, mother/step mother, brother/step brother, sister/step sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law or daughter-in-law), who are employed under the Central or State/ Union Territory Government.

Sl. No.	Name of relative	Relationship with the applicant	Name & address of office where employees
1.			
2.			
3.			
4.			
5.			

I attached the communication(s) in original from the Head(s) of office/ Department where the above mentioned person(s) is/are employed to the effect that there is no objection to my being appointed as Agent under the above said Agency.

DEPONENT

I verify that the affirmations made by me as above are correct to the best of my knowledge and belief and that no material facts have been concealed by me.

DEPONENT

Signed in my presence (Witness)

1. Signature.....
.....
.....
Name & Address

2. Signature.....
.....
.....
Name & Address

CONDUCT CERTIFICATE

Certified that Shri/Ms
S/o, W/o, D/o r/o
is personally known to me for the last years (not less than 2 years) and
is the best of my knowledge and belief he/she is a person of integrity and good conduct.
He/she is not related to me.

Date.....
Signature :
Name & Address :
Seal :