

APPLICATION FORMAT
ELIGIBILITY CRITERIA OF THE FRANCHISEE

1. Contact Information:

a. Name of the Applicant/Organization:

b. Address:

c. Contact No. Phone

Mobile

2. Whether the applicant belongs to the following Categories:

(Please tick in the appropriate Box)

(a) Non Govt. Organization (NGO)	
(b) User's Association	
(c) Cooperative Organization	
(d) Panchayat Institutions (GPs)	
(e) Group or Business Entity	
(f) Individuals	

Please furnish proof in support of above with period of experience

3. Information on activities and past experience:

(a) Whether the applicant is involved in the following activities

(Please tick in the appropriate Box)

(i) Social Activities	
(ii) Development Activities	
(iii) Any other Activities	

(b) If yes, the details may be furnished as per the format below in respect of the experience:

Nature of Activity	Area of operation	Period	Funds handled (Rs. in Lakhs)	Funds Funded by

(Please furnish in separate sheet if space is not adequate)

4. Credibility Information:

(a) Do you have any proven Credibility?

(b) If Yes, Certified by (Name of Institution /Office)

- (i) District Magistrate
- (ii) Zila Parishad
- (iii) Panchayat Samitee
- (iv) Any other Body

5. Manpower Information :

(a) Details of existing Manpower

SI No.	Cadre	No. of Employess
1		
2		
3		
4		

Please give employee list along with the qualification and experience details.

(b) Manpower can be arranged

SI No.	Cadre	No. of Employess
1		
2		
3		
4		

6. Details of vehicles and other infrastructure:

(a) Vehicles

SI No.	Type of Vehicle	Nos	Condition
1			
2			
3			
4			

(b) Other Infrastructure

SI No.	Particulars	Qty.
1		
2		
3		
4		

7. Willingness to work in Association with Sole Franchisee in the proposed models given below:

Particulars	Tick Mark
(i) Spot Billing	
(ii) Meter Replacement	
(iii) Energy Theft Control	
(iv) Collection of Revenue	

8. Willingness to work as Franchisee in the above proposed models in the following areas :

Particulars	Name of the Specific area interested for
(i) Specific Distribution Transformer	
(ii) Group of Distribution Transformer	
(iii) Entire 11 KV feeder	
(iv) Entire 33/11 KV S/S feeding area	
(v) Entire Electrical Section	

(Attach Separate Sheet if Space is not Sufficient)

9. Willingness to deposit Two months revenue as Security:

(a) Do you agree to deposit of Security Yes/No

(b) If yes

- (i) Through Bank Guarantee
(ii) Through Cash/DD Payment

10. Documents to be furnished with this Format :

- (a) Copy of the documents regarding Registration of the Organization
(b) Copy of the Credentials Received
(c) Copy of the Labour License if any
(d) Copy of the Financial Status of the Organization:
(e) Copy of any other documents likely to be furnished by the applicant

I do hereby undertake that the information furnished by me is true to the best of my Knowledge and belief.

Signature of the Applicant
Seal