

## राष्ट्रीय प्रौद्योगिकी संस्थान हमीरपुर [हि. प्र.] National Institute of Technology Hamirpur [H.P.] [Under Govt. of India, Ministry of HRD, New Delhi]

## OFFICE OF THE ESTATE HOUSES & SHOPS

## FORM -A

10		Latest
		Photograph
The Estate Officer, NIT Hamirpur (HP)		of the
Wit Hamilput (III )		applicant
Sir,		
I/We hereby apply for the grant of Licen Hamirpur. Requisite particulars are given	se for being appoin here under:-	ted as a shop holder in NIT Campus,
Full Name of the applicant     (Block Letter)	:	
2. Father/Husband's Name (Block Letter)		
3. Complete residential address of the applicant in Block Letter (With Contact No. & E-mail ID)	•	
4. Correspondence address (Block Letter)		
5. Name of the firm	2 1 2 2 2 <u> </u>	
6. Name of the shop & Number Applied for	•	

\$ /2000

	Nature of present business of the Firm/ Applicant:	
	Whether the applicant or the firm or any of its partners are running any licensed business the essential commodities in NIT, Hamirpur, if so, give complete name and address of the shop along with commodities being dealt therein:  Whether the applicant or the firm or any of its partners have ever been convicted of an offence under Essential Commodities Act 1955, if so give full details:	
	Whether the applicant or the firm have ever been declared as insolvent by any competent court or as defaulter by any bank and whether he is financially capable of running the business for which applied for without the aid and assistance of any third party. Brief description of liabilities and assets including Bank/Accounts/Deposits etc. be mentioned	
	Detail of past experience in the similar business	
	(i) I, the aforesaid applicant do hereby declare that I have applied for License in my individual capacity or am authorized representative of the firm.	
	(ii) I hereby further declare that the particulars against item No. 1 to 11 above are true to the best of my knowledge and belief and nothing has been concealed therein and that in the event of misstatement of facts proved subsequently, I undertake to abid by the orders/directions passed by the competent authority under the order aforesaid.	
	(iii) I hereby undertake not to deal in tobacco and tobacco products and no other intoxicants in the premises of the shop applied for.	
	Date	
	Place	
	Signature of the applicant (With Contact No.)	

Wyskin 20