



FOOD SUPPLIES & CONSUMER WELFARE DEPARTMENT
GOVERNMENT OF ODISHA

Fair Price Shop Registration

1. Status of FPS		<input type="radio"/> Original <input type="radio"/> Tagged	
2. Name of District		3. Block/ULB	
4. Type of License		<input type="radio"/> GP <input type="radio"/> WSHG <input type="radio"/> SHG <input type="radio"/> Coop <input type="radio"/> Pvt <input type="radio"/> Others	
4.(A) Name of (GP, WSHG, SHG, Coop, Pvt, Others)			
5. Name of License Holder		5.(A) Address for Correspondence	
5.(B) Mobile No.		5.(C) Designation (incase GP/SHG/WSHG/ Coop)	
5.(D) Category (incase pvt/others)		5.(E) Gender (incase pvt/others)	
		<input type="radio"/> Male <input type="radio"/> Female	
6. Location of FPS			
GP / Ward No.		Village / Location	Hamlet / Plot No.
6.(a) Availability Of Electricity in FPS		<input type="radio"/> Yes <input type="radio"/> No	
7. (A) License No.		7.(B) Valid upto (MM/YYYY)	
8. Card Type	Rice(in No.)	Wheat(in No.)	Sugar(in No.)
AAY		/ / / / / / / / / /	
BPL		/ / / / / / / / / /	
Annapurna		/ / / / / / / / / /	/ / / / / / / / / /
APL		/ / / / / / / / / /	
Differently abled person		/ / / / / / / / / /	/ / / / / / / / / /
BPL/AAY For Poor Leftout		/ / / / / / / / / /	/ / / / / / / / / /
9.Type	<input type="radio"/> Wholesaler <input type="radio"/> Subwholesaler Name: _____		
10. Distance in km from the location of	Sub Wholesaler /Wholesaler : _____		
	Block/ULB Head Quarter : _____		
11. Is the FPS accessible by four wheeler ?	<input type="radio"/> Yes <input type="radio"/> No _____ (If 'No' distance in KM from nearest 4 wheeler Accessible Point)		

Declaration : I hereby declare that all the particulars furnished in this application are correct to the best of my knowledge . I shall be held responsible for any incorrect information.

Signature of FPS Dealer
Date :