

**FORM ASLAAS-I(B)**

**APPLICATION FORM FOR AN INDIVIDUAL FOR APPOINTMENT AS AN  
AUTHORISED AGENT**

To

.....  
.....  
(Appointing Authority)

Subj : Application for appointment as an Authorised Agent.

Sir,

I request that I may be appointed as an Authorised Agent under the Mahila Pradhan Kshetriya Bachat Yojona for canvassing and securing deposits 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 of .....families).

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 Scheme.
3. I shall provide a security of Rs.100/Rs.500 in shape of 6-Years National Savings Certificate duly pledged to 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.....  
Date.....

**DECLARATION**

*(To be furnished by the applicant for appointment as MPKBY Agent along with the application)*

I, \_\_\_\_\_ resident of \_\_\_\_\_  
solemnly affirm 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 wherever 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) That 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 agency in 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 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 control of 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, 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.

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Sl.No.	Name of Relative	Relationship with the applicant	Name & Address of office where employed
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I attach 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 (Witnesses)

1. Signature\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Address

2. Signature\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Address

**CONDUCT CERTIFICATE**

Certified that Shri/Ms \_\_\_\_\_ S/o,  
W/o, D/o \_\_\_\_\_ r/o \_\_\_\_\_ is per-  
sonally 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.

Signature : \_\_\_\_\_

Name and Address :

\_\_\_\_\_

Seal

Date:

**FORM AAS-I**

**ANNEXURE-I**  
**(See Para 4)**

**Application form for appointment as Authorised Agent**  
***(To be used by individual only)***

To

.....  
.....

Sir,

I desire to act as an Authorised Agent for the sale of Kisan Vikas Patras, 1,2,3 & 5 Year Time Deposits, 6-Year National Savings Certificate (VIII Issue), N.S.S. 1992, M.I.S. Accounts and other small savings securities which may be notified by the Government of India from time to time as securities which Authorised Agent may canvas.

2. (a) My full name is.....  
(b) My father's name is.....  
(c) My occupation is.....  
(d) My business/office address is.....  
.....  
(e) My residential address is.....  
.....  
(f) My age is.....

3. I declare that (i) I am not a close relative (i.e. wife, husband, legitimate child or step child, father/step father, mother/step mother, sister/step sister, brother/step brother, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law or daughter-in-law) of employee of Department of Posts working anywhere in India in a gazetted capacity or in non-gazetted capacity in the State where the agency falls.

(3)(A) I declare that none 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) is employed under the Central or State/Union Territory Government.

OR

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 :-

Name of relative	Relationship with the applicant	Name and address of office where employed
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I attach 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 Standardised Agency System.

4(a) I request that for the sale of certificates issued through post offices, I may be attached to the undernoted Post Office:

- (i) .....GPO/HPO/SPO/BPO
- (ii) .....GPO/HPO/SPO/BPO
- (iii) .....GPO/HPO/SPO/BPO

(b) In respect of certificates issued through other agencies, I may be attached to the following office(s) :-

- (i) .....
- .....
- .....

5. \*In the event of my appointment being approved, I shall -

- (a) put up two acceptable sureties each guaranteeing to the extent or Rs.....  
OR
- (b) furnish security in cash or in the shape of Government securities totalling to the issue price of Rs.....  
OR
- (c) furnish one surety of a bank for Rs. ....  
OR
- (d) furnish a Fidelity Guarantee Policy of the value of Rs. ....

6. I agree to abide by all the rules, regulations, instructions, etc. regarding the appointment of authorised agents at present in force and as may be amended from time to time.

7. I previously worked as Authorised Agent.

8. I may be allowed to obtain Receipt Books from (Name and address of Issuing Authority)  
.....  
.....

9. Give names and addresses of two \*responsible persons known to you  
\_\_\_\_\_

(1)

(2)

10. I enclosed herewith in triplicate, my specimen signature.

Yours faithfully,

**(To be filled up only if the application is recommended by somebody)**

I recommend this applications :-

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Full address \_\_\_\_\_ Designation \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

**(To be filled in the office of the Appointing Authority)**

- (1) Application scrutinised by \_\_\_\_\_  
Signature \_\_\_\_\_ Designation \_\_\_\_\_
- (2) Applicant's appointment as authorised agent approved on \_\_\_\_\_  
(Date) after verifying the solvency of the sureties, in cases where sureties are put up.
- (3) Agreement completed on \_\_\_\_\_ (Date)
- (4) Certificate(s) of Authority bearing number(s) issued on \_\_\_\_\_ (Date)
- (5) Signature of Appointing Authority \_\_\_\_\_
- (6) Designation of Appointing Authority \_\_\_\_\_

Date \_\_\_\_\_

**AFFIDAVIT**

**(To be furnished by the SAS Agent alongwith the application)**

I,.....S/o,W/o,D/o, Shri \_\_\_\_\_solembly  
affirm that :-

1. I am not an employee of the State or Central Government and undertake to report to the appointing authority and to give up the agency whenever I enter such employment.
2. None of my near relatives is employed in the National Savings Organisation anywhere in India.
3. None of my near relatives is employed in the Postal wing anywhere in India in gazetted capacity and in non-gazetted capacity anywhere in the State where the Agency falls.
4. I declare that none of my near relatives is employed under the State or under the Central/ State Government.

I give below the particulars of my near relative(s) who is/are an employee under the Central/ State Government.

Name of the close relative	Relationship	Particulars of office where employed
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5. I attach No Objection Certificate(s) from the Head(s) of Office/Department where the above mentioned persons is/are employed to the effect that there is no objection to my taking up agency under the above said agency system.

A person will be regarded as near relative if the official is the person wife/husband/father/step father/mother/step mother/legitimate child/step child/brother/step brother/sister/step sister/sister-in-law/brother-in-law/son-in-law/daughter-in-law/father-in-law/mother-in-law.

DEPONENT

Date :

Place:

Signed in my present:

(1) Name and Address                      Signature                      (2) Name and Address                      Signature.

