



**OFFICE OF THE NOTIFIED AREA COUNCIL: KOTPAD**  
[Civil Supplies Section]

**[ADVERTISEMENT]**

No. 258/2025

Dt. 27/02/2025

Applications in “**Form No. A-I**” along with detail information of the WSHG in the prescribed format in Annexure-1 (to be made available in the websites [www.kotpadnac.in](http://www.kotpadnac.in) and [www.koraput.odisha.gov.in](http://www.koraput.odisha.gov.in)) are invited from intending WSHGs (**Ref:- Letter No:545, dated:12.03.2020 of the Commissioner-cum-Director, W & CD and Mission Shakti Directorate**) for appointment as Fair Price Shop Retailers which shall operate in the following wards of Notified Area Council, Kotpad to deal with various commodities under Odisha Public Distribution System (Control) Order, 2016 with the following terms and conditions.

<b>SL No.</b>	<b>Wards of NAC, Kotpad to be covered under FPS (Fair Price Shop)</b>	<b>Number of WSHG to be appointed</b>
1	Ward No. 4, Ward No. 5, Ward No. 6, Ward No. 7 & Ward No. 8	1
2	Ward No. 9 & Ward No.10	1
3	Ward No. 11, Ward No. 12 & Ward No.13	1

**Conditions for Appointment of WSHG as Fair Price Shop Retailer:-**

1. Grant of license shall not confer a right on the licensee for allotment of quota.
2. The licensee shall use Electronic Point of Sale (e-PoS) device, Electronic Weighing Machine and execute all the sale transactions under PDS through these devices as a pre-condition to get the license to run the Fair Price Shop.

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3. The WSHG must have completed 2 years of existence on/before the date of publication of advertisement.
4. The WSHG should be financially sound and capable to deal with all kinds of PDS commodities.
5. The WSHG must have an active bank account with regular monthly saving by WSHG member.
6. The WSHG must be regular in keeping books of A/C in systematic manner relating to meeting register, Cash book Reconciliation, Internal Lending Register.
7. The WSHG intending to be a Fair Price Shop Retailer has to give an undertaking that none of the family members of the members of the WSHG have any commercial interest in their business or commercial user of the said commodities or commodities related to PDS items. The undertaking should also have information that the family members of the WSHG are not related to any Advisory or Vigilance Committee entrusted with supervision of PDS.
8. The WSHG intending to be a Fair Price Shop Retailer should have a satisfactory and proven track record.
9. Any member of the WSHG must not have been convicted by any court of law on the grounds of moral turpitude or dismissed from any Govt. service on account of any misappropriation or fiscal impropriety.
10. The WSHG who has been earlier appointed as a FPS Retailer, if its license has been cancelled and the fact of misappropriation has been established, its application for fresh appointment as such shall not be considered.
11. In case more than one WSHG make application for one vacancy of retailer centre, the WSHG having higher grade and proven track record shall be selected for appointment and grant of license.
12. The WSHG should belong to the particular ward of Notified Area Council, Kotpad where it wants to apply for appointment.
13. Selection shall be made by the constituted Selection Committee.

**Documents to be submitted with Application:-**

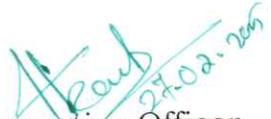
1. The Application Form No. A-I, Annexure-1 and undertaking which has been attached with this advertisement vide separate sheets.
2. Two nos. of passport size recent coloured photographs of the Secretary and President of the WSHG.
3. Attested copy of the resolution of the WSHG to deal with PDS commodities.
4. Attested copy of gradation of WSHG.
5. Attested copy of the qualification certificate of the Secretary and President of the WSHG.
6. Attested copy of Aadhar cards of the Secretary and President of the WSHG.
7. Attested copy of the Registration of the WSHG.
8. Attested copy of Bank Passbook (First page and last page having updated transaction) in support of financially sound position to run the business.
9. Attested copy of the resolution of formation (first meeting and last meeting).
10. Attested copy of the last page of the Cashbook.
11. Khatian and Trace map of the land where the godown is located.
12. If rented godown, their agreement with the godown owner.
13. Godown particulars and condition of the godown with regard to storage capacity, connection of electricity and heavy vehicle motorable communications.

All documents should be attested from the Mission Shakti Co-ordinator/ C.D.P.O., Kotpad before submission.

The application forms completely filled up in all respect along with the aforesaid documents should reach to the **undersigned** at the address "**Executive Officer, Notified Area Council, Kotpad, Dist- Koraput, PIN-764058**" on or before 25.03.2025 by 5.30 P.M through registered/speed post.

Application Forms received after due date and time, incomplete application forms and any shortfall in documents shall be liable for rejection.

The authority reserves the right to cancel or modify advertisement at any time without assigning any reason thereof.

  
Executive Officer  
Notified Area Council, Kotpad

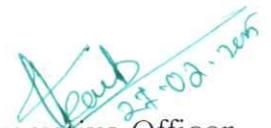
Memo No. 259/2025

Dt. 27/02/2025

Copy to the C.D.P.O., Kotpad/B.P.C., Mission Shakti, Kotpad for information and necessary action. They are requested to make arrangements to display the advertisement in their office Notice Board and concerned wards for information.

Copy to be published on the Notice Board, Notified Area Council, Kotpad/ Official Website of Notified Area Council, Kotpad i.e., **www.kotpadnac.in** for information.

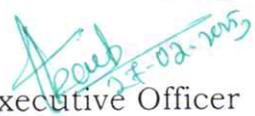
Copy to the District e-Governance Manager, Koraput for publication of advertisement in **www.koraput.odisha.gov.in** for information.

  
Executive Officer  
Notified Area Council, Kotpad

Memo No. 260/2025

Dt. 27/02/2025

Copy submitted to M.L.A., Kotpad/Chairman, Notified Area Council, Kotpad/ Vice-Chairperson, Notified Area Council, Kotpad/ all Councillors of Notified Area Council, Kotpad for favour of kind information.

  
Executive Officer  
Notified Area Council, Kotpad

Memo No. 261/2025

Dt. 27 / 02 / 2025

Copy submitted to the Sub-Collector, Jeypore/ C.C.S.O., Koraput at Jeypore/ D.S.W.O., Koraput/ D.P.C., Mission Shakti, Koraput for favour of kind information and necessary action.

*Handwritten signature and date: 27-02-2025*

Executive Officer  
Notified Area Council, Kotpad

Memo No. 262/2025

Dt. 27 / 02 / 2025

Copy submitted to the Collector, Koraput for favour of kind information and necessary action.

*Handwritten signature and date: 27-02-2025*

Executive Officer  
Notified Area Council, Kotpad

**APPLYING FOR PDS RETAIL CENTRE FOR SL. No. \_\_\_\_\_ (as per the Table-1  
in the Advertisement)**

**[ANNEXURE-1]  
Information of the WSHG**

1. Name of the WSHG: \_\_\_\_\_
2. Number of members of WSHG: \_\_\_\_\_
3. Number of members having aadhar cards: \_\_\_\_\_
4. Number of members passed 10<sup>th</sup> and above: \_\_\_\_\_
5. Number of members passed 7<sup>th</sup> and above: \_\_\_\_\_
6. Date of formation of the WSHG: \_\_\_\_\_
7. Address of the WSHG: Ward No. \_\_\_\_\_, At: \_\_\_\_\_, P.O. \_\_\_\_\_  
P.S: \_\_\_\_\_, Dist: \_\_\_\_\_, PIN: \_\_\_\_\_  
Phone No. Of the president and Secretary: \_\_\_\_\_  
ICDS Project: \_\_\_\_\_
8. Meeting Register Maintained (Yes/ No): \_\_\_\_\_
9. Cashbook maintained (Yes/No): \_\_\_\_\_
10. Present Livelihood Activities Undertaking: \_\_\_\_\_
11. Name of the Ward where PDS will function: \_\_\_\_\_
12. Savings Bank Account No: \_\_\_\_\_, IFSC Code: \_\_\_\_\_
13. Bank & Branch Name: \_\_\_\_\_
14. Type of account (Joint/Single): \_\_\_\_\_
15. Funds available in the Saving Banks Account
  - a) Amount of Savings in rupees: \_\_\_\_\_
  - b) Regular saving (Yes/No): \_\_\_\_\_
16. Whether Loan taken (Yes/No): \_\_\_\_\_
  - a) If yes, mention the number of times loans availed: \_\_\_\_\_
  - b) If yes, amount of total loan (in rupees): \_\_\_\_\_
  - c) Amount of total loan repaid (in rupees): \_\_\_\_\_
  - d) Loan repayment (Regular/Irregular): \_\_\_\_\_
  - e) Cashbook Maintained (Yes/No): \_\_\_\_\_
17. Internal Lending (Yes/ No): \_\_\_\_\_
  - a) If yes amount of internal lending: \_\_\_\_\_

Signature of the President  
of the WSHG with seal

Signature of the Secretary  
of the WSHG with seal

FORM A-I

{ See clause 6 (1) and clause 18}

Application for Grant/ Renewal/ Reissue of Licence (Wholesale/ Retail)/ Issue of duplicate copy of Licence (Wholesale/Retail)

1	Applicant Name	Photograph of the applicant
	a) Father/Husband's name	
	b) Whether SC/ST/SC/OBC/PH	
	2 Applicant's Profession	
	3 Applicant's residence	
4	Name of the PDS commodity/Commodity which the applicant want to deal with	
5	a) Details of place where the applicant want to act as wholesaler/retailer.	
	b) Place of business	

Plot No:		Street Address: .....
Khata No		.....
Mouza:		Pin Code:..... P.S: .....

Description of boundary: District: .....

To the East	
North	
West:	
South	

c) Nature of premises:

(i) Building Pucca/ Kacha	
(ii) Roofing (RCC,Asbestos sheet etc	
(iii) Compound wall: Yes/ No	

d) Ownership of premises

Own/ rented	
If rented, the details of Agreement made with the owner.	

6	Where, the applicant wants to act as retailer or wholesaler.	
7	Did the applicant hold a licence on any previous occasion (If so, give particulars including its suspension or cancellation, if any)	

8	Quantity of each of the PDS commodities handled annually during the last three years.	
9	Quantity of each of the PDS commodities likely to be handled annually during the current year.	
10	Income-Tax Paid in the two years proceeding the year of application.	
(to be indicated separately) (ITCC to be attached)		
11	(a) Quantities of each of the Essential commodities in the possession of the applicant on the date of application.	
	(b) Complete address of the places where the essential commodities are proposed to be stored.	
12	Whether electric connection is available in the place where fair price shop is	
13	Whether internet connection is available in the proposed fair price shop to run the PoS device.	

I declare that the quantities of each of the essential commodities specified above are in my possession this day and are held at the places noted above.

I have carefully read the conditions of licence given in Form "B-I appended to the Orissa Public Distribution System (Control) Order, 2016 and I agree to abide by them.

I declare that the datas/ information furnished by me in the application are true and correct to the best of my knowledge and belief.

- \* (a) I have not previously applied for such licence in this district.
- \* (b) I applied for such licence in this district for \_\_\_\_\_ on \_\_\_\_\_ and was/ Was not granted a licence on \_\_\_\_\_
- \* © I hereby apply for renewal of licence No: \_\_\_\_\_ dated \_\_\_\_\_
- \* (d) I hereby apply for issue of duplicate copy of licence No: \_\_\_\_\_ dated \_\_\_\_\_
- \* (e) I hereby apply for reissue of licence No: \_\_\_\_\_ dated \_\_\_\_\_
- \* (f) Challan No: \_\_\_\_\_ Dated: \_\_\_\_\_  
Challan No: \_\_\_\_\_ Dated: \_\_\_\_\_
- \* Strike off the items which are not applicable.

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of the applicant

Aadhar No: \_\_\_\_\_  
Phone No: \_\_\_\_\_

# UNDERTAKING

We, the President, Secretary and all the members of \_\_\_\_\_ WSHG hereby undertake that none of our family members have any commercial interest in their business or commercial users of the PDS Commodities or commodities related to PDS items. Further, we also undertake that none of our family members are related to any Advisory or Vigilance Committee entrusted with supervision of PDS. If it is established that the aforesaid undertaking is not true then the license of \_\_\_\_\_ WSHG may be cancelled.

Signature of President of WSHG

Signature of all the member of WSHG

Signature of Secretary of WSHG