

CHANDIGARH ADMINISTRATION DEPUTY COMMISSIONER OFFICE



FROM AAS-1

GOVERNMENT OF INDIA

NATIONAL SAVINGS ORGANISATION

Application from for Appointment as Authorised Agent

(To be used by Individuals only)

d, Third, Fourth & fifth Issues, 2, 3, & National Saving Annuity Certificates and	ent for the sale of 7 years National Savings Certificates 5 years Time Deposits, National Development Bond, 15 d other Small Savings Securities, which may be notified by securities which Authorised Agent may canvass.					
(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	years					
I declare that: - (a) I am not a close relative (i.e. wife, husband, legitimate child or step child, father, mother						
sister or brother) of a gazetted officer worker in the Post & Telegraphs Departments. (b) I am not a close relative (i.e. husband, wife, legitimate child or step child, father, mother, sister or brother) of or a relative depending upon non-Gazetted Officer working in the employee of the National Savings Organisation.						
attached to the under noted Post Office	of certificates issued through post offices, I may be e(s):(G.P.O/H.P.O/S.P.O/B.P.O)					
	d, Third, Fourth & fifth Issues, 2, 3, & National Saving Annuity Certificates and overnment of India from time to time as so (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					



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		(ii)			(G.P.O	/H.P.O/S.P.O/B.P.O)
		(iii)			(G.P.O	/H.P.O/S.P.O/B.P.O)
	(c)	I respec		ficates issued throug	h other agencies I may	be attached to the following
		(i)				
		(ii)				
		(iii)				
5.	In the	event of	my appoi	ntment being approve	ed, I shall:-	
			(a) Put	up two acceptable sur	reties each guaranteeing	g to the extent of the
			Rs_		OR	
					or in the shape of Gove	rnment securities totaling the
			(c) Furn	nish one surety of a ba	ank for Rs	
			(d) Furn	nish a Fidelity Guaran	tee Policy of the value	of Rs
6.					s, instructions etc. regay be amended from time	arding the appointment of the to time.
7.	I pre Year(s	viously	worked	as Authorised A	gent ataveraged a	during the as Authorised Agent.
8.	I may				oks from	
					(Name and address	of Issuing Authority)
Dlaga .						
						Vous Esithfully
Date : _						Yours Faithfully,
						Signature of the Applicant
						- **



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

I reco	commend this application : -				
Name	ne Signature				
Full A	Address Designation				
	Date				
(TO BE FILLED UP IN THE OFFICE OF THE APPOINTING AUTHORITY)					
(i)	Application scrutinized by				
	Signature Designation				
(ii) (iii)	Applicant's appointment as Authorised Agent approved on (Date) after verifying the solvency of the sureties, in cases where sureties are put up. Agreement completed on				
(iv)	Certficate(s) of Authority bearing number(s)				
(v)	Issued on(Date)				
(vi)	Signature of Appointing Authority				
(vii)	Designation of Appointing Authority				
	Date:				