



Price: ` 1

FP Shop Dealer Payments Application Form

Request Details: -

District*: _____

Shop Number No *: _____

Month * : _____

Required commodities Details: -

commodity	Listing Quantity
AFSC Rice	
FSC Rice	
Wheat	
Sugar	
Atta	
Salt	
Chilly Powder	
Pamolin	
Rg Dal	
Turmeric	
Tamarind	

Dealer Mobile Number: _____

Informant Details:-

Informant Name*: _____ Relation*: _____

Mobile NO*: _____

Document List:-

Application Form*:

Applicant's Signature