

PRADHAN MANTRI BHARTIYA JANAUSHADHI PARIYOJANA

Application for opening of “Pradhan Mantri Bhartiya Janaushadhi Kendra” at _____

S. No.	Particulars	Details
1	Name of Applicant/Owner* [In capital Letter]	
2	Applicant/Owner Date of Birth* [DD/MM/YYYY]	
3	Category of Applicant* (Please mention your Category) <ul style="list-style-type: none"> • Women Entrepreneur. • Divyang [PWD] / SC / ST • Aspirational Districts. • Himalayan State / Island territories. • North East State. • Others 	
4	Aadhar Card Number of Applicant/Owner* (Individual / Proprietor)	
5	PAN Card Number of Applicant/Owner*	
6	GSTIN Number	
7	Gender In case of Individual/Proprietor* Please Mention [Male / Female / Others]	
8	Type of Applicant [Please Tick your type]	<ul style="list-style-type: none"> • Individual entrepreneur / Proprietor • Partnership • Charitable Institute/Hospital • NGO/ Trust/ Society • Government/ Government Nominated Agency • Any Other (Please specify)_
9	Registration Number of Organization	
	Date of Incorporation	
10	Darpan ID* [Only for NGOs]	
11	Name of the Pharmacist* Please Mention [Self / Employed]	
	Registration Number of Pharmacist	
12	Name of Contact Person*	
	Designation	
	Aadhar Link Mobile No of Applicant/Owner* [It is applicable only for Individual/Proprietor]	

	Alternate Mobile No / Land Line No* (if any)	
	Email id* [In capital Letter]	
13	Proposed location for opening 'Pradhan Mantri Bhartiya Janaushadhi Kendra':	
	Address Line 1*	
	Address Line 2	
	Category of Area * Please Mention your Area [Rural / Urban]	
	Block/ Taluka/Mandal* [If Please Mention]	
	Ward No / Panchayat / Village * [if please Mention]	
	State*	
	District*	
	Pin Code*	
14	Applicant / Owner Bank details* [Incase of Individual/proprietor, Account Number should be linked with Aadhar and it is mandatory]	
	Bank account type* [Please Tick your bank Type]	Savings Account / Current Account
	Full Name of the Bank*	
	Bank Account Number*	
	IFSC Code*	
15	Application Submission Fee (Rupees in INR)	Amount In Rupees - [5000/-] Only (Please read Application Fee (VII) before submission)
	Application Fee payment in favor of Bureau of Pharma Public sector Undertaking. Note- Application fee amount should be deposited in only BPPI Virtual account.	Bank Details: Name of The Bank- Bank of Baroda Virtual Bank Account Number - BPPIZCL07PAF0001 IFSC Code- BARB0PARLIA
	Mode of Payment- Registration Fee amount should be deposited only through online mode i.e. NEFT / RTGS / IMPS / UPI. Please Mention your fee transaction reference number and UTR*	Please Mention your Fee Payment reference Details: UTR No/UPI No/IMPS Transaction reference no-

16	Is there any PMBJK in 01:00 Km/1.5 Km. distance of your proposed location	(Y/N) _____ (If yes please share the details of PMBJK)
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Declaration:

- 1) I have gone through the terms and conditions as mentioned in the guidelines for opening of Pradhan Mantri Bhartiya Jan Aushadhi Kendra and agree to abide by the same.
- 2) I/We hereby declare that; all the information as mentioned above is true to best of my knowledge. If any information is found to be incorrect, my/our candidature is liable to be cancelled and may be subject to legal/disciplinary proceedings.
- 3) I/We hereby declare that; I have through the terms and conditions as mentioned in distance policy and certify that there is no violation of PMBJK distance policy at proposed location.
- 4) Supporting documents are attached wherever required.

(Signature)

Name & Designation of signing authority:

Date:

Place:

Note:

- Applications without Aadhaar Card shall be (In case of Individual/Proprietor) **rejected**.
- Mandatory details to be provided.

List of Self-attested documents required to be attached with Application.

Special Incentive	Normal Incentive		
Individual	Individual	Institutions/ NGO/ Charitable Institute/ Hospital etc.	Government/ Govt Nominated Agency
1. Aadhaar Card	1. Aadhaar Card	1. Darpan Id (Only for NGO) if other please provide supporting documents.	1. Details of Department who has allocated the space, along with supporting documents/ sanction order.
2. Pan card	2. Pan card	2. Pan card	2. Pan card
3. Certificate of SC/ST or Divyang (PWD).	3. General category	3. Registration certificate	3. Govt. nominated agency provide supporting documents.
4. Pharmacist Registration Certification	4. Pharmacist Registration Certification	4. Pharmacist Registration Certification	4. Pharmacist Registration Certification
5. ITR for last two years.	5. ITR for last two years.	5. ITR for last two years.	5. ITR for last two years, if nominated operating agency is a Pvt. Entity.
6. Bank statement for last 6 months.	6. Bank statement for last 6 months.	6. Bank statement for last 6 months.	6. Bank statement for last 6 months, if nominated operating agency is a Pvt. Entity.
7. Declaration for GST registration once threshold limit is achieved.	7. Declaration for GST registration once threshold limit is achieved.	7. Declaration for GST registration once threshold limit is achieved.	7. Declaration for GST registration once threshold limit is achieved.
8. Undertaking (Whichever is applicable) - I. Woman Entrepreneur II. Aspirational District (Identified BY NITI AAYOG) Himalayan/Island Territories/North – Eastern States) III. Divyaang/ SC/ST			
9. Undertaking of distance policy as per guideline.	9. Undertaking of distance policy as per guideline.	9. Undertaking of distance policy as per guideline.	9. Undertaking of distance policy as per guideline.

BUREAU OF PHARMA PUBLIC SECTOR UNDERTAKINGS OF INDIA
(BPPI)

8TH, FLOOR, VIDEOCON TOWER, JHANDEWALAN EXTENSION, NEW DELHI -110055

(SELF UNDERTAKING OF PMBJP KENDRA FOR AVAILING ONE TIME SPECIAL INCENTIVE ON OPENING OF PMBJK UNDER CATEGORY OF DIVYAANG/ SC/ST)

I, _____ S/o / D/o / W/o of Shri

resident of (Full permanent address of residence)

_____ District _____ State
_____ Pin code _____ is applying
for Pradhan Mantri Bhartiya Janaushadi Kendra for the location at (Full address of shop)
_____ under the
category of _____ (Divyang/ SC/ST).

It is to certify that neither myself, nor any of my relative have availed the benefits of special incentive by opening Pradhan Mantri Bhartiya Janaushadhi Kendra under the category of DIVYAANG/SC/ST.

(Note: Hereinabove "Relative means in relation to an individual, Means the husband, wife, unmarried dependent brother or sister or any lineal ascendant or descendant of that individual.")

(Signature of Applicant)

Name of the applicant :

S/o / D/o / W/o :

Aadhar No. :

Pan Card No. :

Contact Number :

Email Id :

In Principal approval No :

BUREAU OF PHARMA PUBLIC SECTOR UNDERTAKINGS OF INDIA

(BPPI)

8TH, FLOOR, VIDEOCON TOWER, JHANDEWALAN EXTENSION, NEW DELHI -110055

(SELF UNDERTAKING OF PMBJP KENDRA FOR AVAILING ONE TIME SPECIAL INCENTIVE ON OPENING OF PMBJK UNDER CATEGORY OF ASPIRATIONAL DISTRICT (BY NITI AAYOG) HIMALAYAN/ISLAND TERRITORIES/NORTH – EASTERN STATES)

I, _____ S/o / D/o / W/o of Shri

resident of (Full permanent address of residence)

_____ District _____ State
_____ Pin code _____ is applying
for Pradhan Mantri Bhartiya Janaushadi Kendra for the location at (Full address of shop)
_____ under the
category of _____ (Aspirational district notified by Niti Aayog,
Himalayan/Island territories/North – Eastern States).

It is to certify that neither myself, nor any of my relative have availed the benefits of special incentive by opening Pradhan Mantri Bhartiya Janaushadhi Kendra under the category of Aspirational district notified by Niti Aayog, Himalayan/Island territories/North – Eastern States.

(Note: Hereinabove “Relative means in relation to an individual, Means the husband, wife, unmarried dependent brother or sister or any lineal ascendant or descendant of that individual.”)

(Signature of Applicant)

Name of the applicant :

S/o / D/o / W/o :

Aadhar No. :

Pan Card No. :

Contact Number :

Email Id :

In Principal approval No :

BUREAU OF PHARMA PUBLIC SECTOR UNDERTAKINGS OF INDIA
(BPPI)

8TH, FLOOR, VIDEOCON TOWER, JHANDEWALAN EXTENSION, NEW DELHI -110055

(SELF UNDERTAKING OF PMBJP KENDRA FOR AVAILING ONE TIME SPECIAL INCENTIVE ON OPENING OF PMBJK UNDER CATEGORY OF WOMAN ENTREPRENEURS)

I, _____ D/o / W/o of Shri _____
resident of (Full permanent address of residence)
_____ District _____ State
_____ Pin code _____ is applying
for Pradhan Mantri Bhartiya Janaushadi Kendra for the location at (Full address of shop)
_____ under the
category of _____ (Woman Entrepreneurs).

It is to certify that neither myself, nor any of my relative have availed the benefits of special incentive by opening Pradhan Mantri Bhartiya Janaushadhi Kendra under the category of Woman Entrepreneurs.

(Note: Hereinabove "Relative means in relation to an individual, Means the husband, wife, unmarried dependent brother or sister or any lineal ascendant or descendant of that individual.")

(Signature of Applicant)

Name of the applicant :

S/o / D/o / W/o :

Aadhar No. :

Pan Card No. :

Contact Number :

Email Id :

In Principal approval No :

BUREAU OF PHARMA PUBLIC SECTOR UNDERTAKINGS OF INDIA
(BPPI)

8TH, FLOOR, VIDEOCON TOWER, JHANDEWALAN EXTENSION, NEW DELHI -110055

(SELF UNDERTAKING OF PMBJP KENDRA FOR GST NOT APPLICABLE UNDER
THE PROVISIONS OF GOODS AND SERVICES ACT)

I/We.....(Name of the Proprietor/Karta/
Authorised Signatory,
being.....

.....
(Designation) of

.....
(Legal Name as per PAN) do hereby state that I/We am/ are not registered under the GST Act
Goods and Services Tax Act.

I/We declare that whenever we shall get ourselves registered with Goods and Services tax
department; We will provide GSTIN to BPPI.

(Signature of Applicant)

Name of the applicant :

S/o / D/o / W/o :

Aadhar No. :

Pan Card No. :

Contact Number :

Email Id :

In Principal approval No :

D.L No. (if Available & if not available mentioned not received)

BUREAU OF PHARMA PUBLIC SECTOR UNDERTAKINGS OF INDIA
(BPPI)

8TH, FLOOR, VIDEOCON TOWER, JHANDEWALAN EXTENSION, NEW DELHI -110055

(SELF UNDERTAKING ON PMBJK DISTANCE POLICY)

To
CEO BPPI
Bureau of Pharma PSUs of India (PMBJP)
8th FLOOR, VIDEOCON TOWER, BLOCK E3,
JHANDEWALAN EXTENSION, NEW DELHI - 110055

From,
Applicant Name:
Registration Number:
Proposed Location for PMBJP: (Mention complete address; door number, post, village, taluk, district, Pin code)
.....
.....
.....

Dear Sir,

I have selected the above-mentioned Location for my New Pradhan Mantri Bhartiya Janaushadhi Kendra As per BPPI distance Policy, I hereby declare that No PMBJK is operating within 1/1.5 kilometers of the surrounding area. BPPI can take any action and can cancel my approval/application at any stage on me if I violate the distance Policy. Also, I assure that, through PMBJK I will serve for the people without violation of BPPI Norms.

Thanking you

Yours faithfully

Declaration:-I do hereby declare that all the information/documents given above is true to the best of my knowledge and belief.

(Signature of Applicant)

Name of the applicant :

S/o / D/o / W/o :

Aadhar No. :

Pan Card No. :

Contact Number :

Email Id :

In Principal approval No :

D.L No. (if Available & if not available mentioned not received)

Note: The above said information provided by applicant, will not change further.