APPLICATION FORM

SI.	Name of the Station	Total Inventory in Sqm (Minimum	Duration of the		
No.	(To be Filled by	Inventory must be 25 Sqm or more per	STP (Minimum 30		
	Applicant)	Metro Station) Please refer Annexure –	days or maximum		
		2/4 for inventory reference. (to be	upto 90 days in		
		filled by applicant)	multiple of 30 days		
			(to be filled by		
			applicant)		
	Α	В	С		

Rate/Sqm/Day for the Metro Station as per Choice of Applicant (Pls. refer Annexure – 2/4)

	= Rs	/	- + applicable tax (Tc	be f	illed by applicant)					
2.	Minimum Inv	entory a	tory as per Column B above =Sqm (To be filled by Applicant).							
3.	Duration of th	Duration of the STP as per column C above =(Month/s) (To be filled by applicant)								
4.	Total License	Total License Fee Paid = 1 x 2 x3 = Rate/Sqm/Day x Requested Inventory x Duration								
	= Rs+ Tax (In Figure to be filled by Applicant)									
	= Rs + Tax (In words, to be filled by applicant)									
5.	5. Interest Free Security Deposit (IFSD) @ 25% of total License Fee as per Sl. No. 4									
	= Rs/) To be filled by applicant									
6.	IFSD Paid	Vide	DD/Cheque/RTGS	No.	dated	of	(Bank			
	Name)	(T	o be filled by applicar	nt)						
Signati	ure				_					
Name	of the applican	nt			_					
Comm	unication addr	ess			_					
					_					
					_					
Contac	t no.				_					
Email i	d				_					
GST N	o. of applicant	(as app	licable)		_					
Note:	- Details at SI	. No. 1,	2,3,4,5 and 6 must/	com	pulsory to be filled, otherwise appli	catio	n form			

Signature of the Applicant

will be rejected/not entertained.