

DEPARTMENT OF POSTS, INDIA
APPLICATION FOR ALLOTMENT OF POST BOX / POST BAG



1. Name of the applicant : _____

2. Nature of business : _____

3. Residential address : _____

_____ PIN:

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4. Place of business & address with tel. no. : _____

_____ PIN:

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5. Mobile no. : _____

6. Email id : _____

7. Post Box / Bag required at : _____ (P.O.)
_____ PIN:

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Terms & Conditions:

- ★ I/We have read the rules relating to Post Box/Bag at clauses 55 & 56 of the P&T Guide, Part I and accept it is binding on me/us.
- ★ I/We agree the Post Box/Bag shall be withdrawn without any notice and without any liability, if the statement given by undertaking given by me/us is false.
- ★ I/We agree that the Post Box/Bag applied will be used for the bonafide business carried on by the above mentioned firm/office, which has been properly constituted to deal with the business.
- ★ I have enclosed copies of Proof of ID and Proof of Address.
- ★ Certified that the information furnished above by me are correct to the best of my knowledge.

Date:
Place:

Signature of the Applicant
with Office Seal

Witness 1
Signature
Name & address: _____

Witness 2
Signature
Name & address: _____

- ★ I have personally verified the copies of Proof of ID and Proof of Address enclosed along with the application.

**POST BOX / BAG
NUMBER ALLOTTED: _____**

DATE STAMP

POSTMASTER