

**Application-Cum-Registration Form for Domestic Piped Natural Gas (PNG) Connection**  
(To be filled in Block/Capital letters only with Blue/Black ink)

<b>Application Date</b>	D	D	M	M	Y	Y	Y	Y
<b>Application Number</b>								

I, being the lawful owner/co-owner of the residential premise, wish to register for one domestic Piped Natural Gas (PNG) connection being provided by your company, at the property/premises located at the address mentioned below on the terms and conditions as more specifically attached herewith:

**(A) Applicant Name and Residence Details (wherein domestic connection is intended)**

<b>Aadhaar No.</b>								
<b>Mobile No.</b>								
<b>Mr./Mrs./Miss.</b>								
<b>First Name</b>								
<b>Middle Name</b>								
<b>Last Name</b>								
<b>Date of Birth</b>	D	D	/	M	M	/	Y	Y
<b>House No.</b>						<b>Floor No. (For Apt.)</b>		
<b>Soc./Apt.</b>								
<b>Street/Area</b>								
<b>Landmark</b>								
<b>Village/Town/City</b>								
<b>Tehsil/Mandal</b>								
<b>District</b>								
<b>State</b>								
<b>Pin Code</b>						<b>Mobile (Alternate)</b>		
<b>Email ID</b>								

**(B) Applicant's Documents (KYC) – please tick**

(A) Address Proof – Any one	(B) Ownership Proof – Any one	(C) Photo Identity Proof – Any one
Recent Electricity/Telephone Bill	Local Authority House Tax Bill	Passport
Aadhaar Card	Regd. Sale Deed	Driving License
Passport	Index Copy	Voter ID
Driving License	Society Share Certificate	Aadhaar Card
Voter ID	Possession Letter	PAN Card
Any Other:	Any Other:	Any Other:

\*Any other document shall be accepted at company's discretion and verification      \*\*Recent means not older than 60 days

**(C) Type of Household – please tick**

<input type="checkbox"/>	Flat (Apt.)	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Row House
--------------------------	-------------	--------------------------	----------	--------------------------	-----------

**(D) Customer LPG connection information (if provided by Public Sector Undertaking – OMC)**

<b>LPG Consumer Number</b>								
<b>Name of Company [please tick]</b>	<input type="checkbox"/>	IOCL	<input type="checkbox"/>	BPCL	<input type="checkbox"/>	HPCL	<input type="checkbox"/>	Any other

**(E) Request for Extra Point**

Extra Kitchen Point in the Same Kitchen (maximum 1)	<input type="checkbox"/>	Geyser Point Nos. (maximum 2)	<input type="checkbox"/>
---	--------------------------	-------------------------------	--------------------------

**(F) Payment Details (please note that payment in cash is not accepted)  
please tick as applicable – Payment 1**

<b>Type of Payment</b>	<input type="checkbox"/>	Online (IMPS/NEFT/UPI)	<input type="checkbox"/>	CHEQUE/DD	<input type="checkbox"/>	Credit/Debit Card
<b>Transaction Details</b>	Transaction Ref. Number		Cheque/DD Number		Through POS	
<b>Date (DD/MM/YYYY)</b>	Transfer Date		Cheque/DD Date			
<b>Bank Name</b>	Bank Name		Bank Name			
<b>Bank Branch</b>	Bank Name		Branch Name			
<b>Amount (Rs.)</b>	Amount in Numbers		Amount in Words			

**(G) Payment Details (please note that Payment in cash is not accepted)  
please tick as applicable – Payment 2**

<b>Type of Payment</b>	<input type="checkbox"/>	Online (IMPS/NEFT/UPI)	<input type="checkbox"/>	CHEQUE/DD	<input type="checkbox"/>	Credit/Debit Card
<b>Transaction Details</b>	Transaction Ref. Number		Cheque/DD Number		Through POS	
<b>Date (DD/MM/YYYY)</b>	Transfer Date		Cheque/DD Date			
<b>Bank Name</b>	Bank Name		Bank Name			
<b>Bank Branch</b>	Bank Name		Branch Name			
<b>Amount (Rs.)</b>	Amount in Numbers		Amount in Words			

<b>Local AG&amp;P Office Address</b> (to be GA specific)	
---	--

Applicant's/Customer's Signature