

Application Form
**DEPARTMENT OF FOOD, CIVIL SUPPLIES AND CONSUMER AFFAIRS,
GOVERNMENT OF PUNJAB**

Grant of Access of API

Name of the API

Applicant Name

Applicant Type Department State PSU NGO/Society/Trust Individual

Brief Profile of the applicant:

Purpose of the application:

Point of Contact

Name:

Complete Address:

Contact Number: Landline: Mobile:

Email:

Date:

Place:

Signatures of the applicant and organizational seal