

2019-20 Sl. No.
APPLICATION FORM (IGA under SCSP)
SCHEMES UNDER OBC & SC, GOVERNMENT OF MANIPUR

1. NAME OF THE APPLICANT :
2. FATHER'S / HUSBAND'S NAME :
3. DATE OF BIRTH :
4. SEX :
5. AADHAAR NO. (mandatory & enclose copy) :
6. EPIC NO. (as per latest electoral roll & mandatory) :
7. RESIDENTIAL ADDRESS
Village/Locality/Panchayat/Municipality:
PO & PS :
8. ANNUAL FAMILY INCOME (mandatory & enclose supporting document):
9. SCHEME / TRADE APPLIED FOR : (Tick appropriate column):

Recent
Passport size
Photograph

** Only one scheme to be applied at a time

NAME OF SCHEME	TICK	NAME OF SCHEME	TICK	NAME OF SCHEME	TICK
Piggery		Poultry		Fishery	

10. ENCLOSE SC Certificate issued by the competent authority. Please tick YES or NO accordingly):

YES		NO	
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11. CATEGORY (Tick appropriate column & enclose supporting document) :

PHYSICALLY HANDICAPPED		%	HIV +		WIDOW	
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12. WHETHER AVAILED OF ANY SCHEME IN THE PAST: YES/ NO

IF YES, NAME OF TRADE / SCHEME & YEAR: _____ Year _____

DECLARATION

I, hereby, declared that I have not applied nor availed of any other schemes implemented by the Department of OBC & SC, Manipur for the current financial year and that the entries made by me in the Application Form are complete and true to the best of my knowledge. I, further declare that my application may be cancelled, at any stage, if I am found ineligible and/or the information provided by me are found to be incorrect.

Signature of Applicant _____

REMARKS: _____

Signature of Authorized Signatory: _____

DOCUMENTS TO BE SUBMITTED:

1. AADHAAR CARD	4. HIV+ patient proof / certificate
2. Electoral Roll copy or EPIC copy	5. Applicable SC Certificate - issued by competent authority
3. Physically handicap proof/certificate from competent authority.	6. Income certificate – issued by SDC /SDO/DC

RECEIPT

YEAR: 2019-20

SL. No . _____

NAME OF APPLICANT: _____

ADDRESS: _____

TRADE/SCHEMES APPLIED FOR: _____

COMMUNITY / CATEGORY: _____

Signature of Recipient/Authorised Signatory