

2019-20

**APPLICATION FORM (EDP)**  
**SCHEMES UNDER OBC & SC, GOVERNMENT OF MANIPUR**

*For official use only*

Sl.No :-.....

Scheme :- .....

1. NAME OF THE APPLICANT :
2. FATHER'S / HUSBAND'S NAME :
3. DATE OF BIRTH :
4. SEX :
5. AADHAAR NO. :
6. EPIC NO. :
7. HOUSE NO. & POLLING STATION :  
(As per the latest Electoral Roll)
8. RESIDENTIAL ADDRESS :  
Village/Locality/ Panchayat :  
Municipality :
9. ANNUAL FAMILY INCOME :

Recent  
Passport size  
Photograph

10. SCHEME / TRADE APPLIED FOR. (Tick appropriate column):

**\*\* Only one scheme to be applied at a time**

NAME OF TRADE	TICK	NAME OF TRADE	TICK
AGRICULTURE KNAPSACK SPRAYER		POULTRY REARING	

11. NAME OF COMMUNITY. (Tick appropriate box)

OTHER BACKWARD CLASSES (OBC)		SCHEDULED CASTE (SC)	
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12. CATEGORY. (Tick appropriate column)

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

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

**DECLARATION**

*I, hereby, declare that I have not applied or availed any other schemes implemented by the Department for Welfare of OBC & SC 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. Copy of Electoral Roll	5. Applicable Community Certificate: OBC/SC Certificate issued by BDO/SDC/SDO/DC
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*