

2019-20

Sl. No.....

**APPLICATION FORM (SDP under SCSP)**  
**SCHEMES UNDER OBC & SC, GOVERNMENT OF MANIPUR**

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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. EDUCATIONAL QUALIFICATION (enclose supporting document) :
10. 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
6 months Advanced Diploma in Computer Application, Accounting and Publishing		IT/ITeS Basic Computer Training	

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

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

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

IF YES, NAME OF TRADE / SCHEME &amp; 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
	7. Educational qualification certificate

**RECEIPT**

YEAR: 2019-20

SL. No. \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TRADE/SCHEMES APPLIED FOR: \_\_\_\_\_

COMMUNITY / CATEGORY: \_\_\_\_\_

Signature of Recipient/Authorised Signatory