

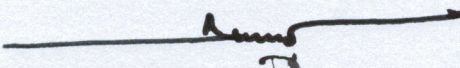
GOVERNMENT OF MANIPUR
DIRECTORATE FOR WELFARE OF OBC&SC
1st Floor, South Block, Secured Office Complex,
A.T. - Line, Imphal, Manipur

NOTIFICATION
Imphal, the 6th December, 2019

No. C/2/SDP(Trg)/OBC&SC-2019: /239 It is hereby notified for general information that application forms for availing skill development trainings of "Selling Skill", "Retail Sales" and "Office Administration" under Economic Development Programme (EDP) for the year 2019-20 are invited from the interested person belonging to OBC & SC Community of the State. Application form can be downloaded from this Directorate's website i.e., www.manipurobcsc.gov.in.

- a) Form submission starts on : 10:00 a.m. to 3:00 p.m. w.e.f. 07/12/2019.
b) Last date of form submission : 3:00 p.m. of 27/12/2019

2. Incomplete application forms, improper applicant's photo, documents and overwriting in the application form and documents shall not be accepted. This Directorate reserves the right to reject any application at any stage, if found to be fraudulent, without any prior notice.
3. Minimum educational qualification of the applicants for availing the aforesaid training is Class 12. The training will be conducted for 100 selected applicants in 4 (four) separate batches (25 trainees in each batch) with a duration of 3 (three) months. Stipend/ re-imbursement of Rs. 5,000/- p.m. shall be given to the trainees on completion of the training.
4. Job placement will be arranged by the Training provider. Training will be provided at Guwahati and trainees should make their own arrangement for travel and accommodation. Further, the trainees should be ready to work anywhere in India.
5. For more details, Scheme Officer (SDP) may be contacted during office hour.


(Ng. Bhogendra Meitei)
Director(OBC&SC)
Government of Manipur

Copy to (for kind information):

1. The Secretary to the Hon'ble Chief Minister (i/c., MA/OBC&SC), Manipur.
2. The P.P.S. to the Additional Chief Secretary (MA/OBC&SC), Govt. of Manipur.
3. The Director (MA), Govt. of Manipur.
4. The Director (IPR), Manipur. He is requested to kindly publish/broadcast the above notification in both print and electronic media as news item for wide publicity.
5. The Chief Finance Officer/DDO (Minority Affairs), Govt. of Manipur.
6. The News Reader, AIR, Imphal with a request to kindly announce the above notification as news item in Manipuri and other local dialects.
7. The Manager, ISTV/Impact TV, Imphal. He is requested to kindly announce the above notification as news item in Manipuri and English.
8. The News Editor, Sangai Express/Poknapam/Echel Express/Naharolgi Thoudang to publish the notification for 1 (one) day only. Bill in triplicate may be submitted to the undersigned for payment.
9. The Scheme Officer concerned (OBC&SC), Manipur.
10. The Notice Board.
11. The Guard File.

**GOVERNMENT OF MANIPUR
DIRECTORATE FOR WELFARE OF OBC & SC**

Application Form for Skill Development Training, 2019-20
(Under Skill Development Programme, (SDP))

For Official Use

Sl. No

Scheme

Recent
Passport size
Photograph

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 :
10. EDUCATIONAL QUALIFICATION :
11. TRADE/COURSES APPLIED FOR (Tick appropriate column):

NAME OF COURSE	TICK	NAME OF COURSE	TICK	NAME OF COURSE	TICK
Selling Skill		Retail Sales		Office Administration	

** Only one course to be applied at a time. Selection of the trainees against the courses will be determined by the option exercised by the applicants, availability of seats and recommendation of the Screening Committee.

12. KNOWN LANGUAGES. (Tick appropriate box)

LANGUAGES	SPOKEN	READ & WRITE	LANGUAGES	SPOKEN	READ & WRITE
English			Hindi		
Manipuri			(any other)		

13. Name of the Community. (Tick appropriate box)

OBC		SC	
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14. CATEGORY. (Tick appropriate box)

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

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

DECLARATION

I, hereby, declared that I have not applied for 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. 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
	7. Educational Qualification

RECEIPT

YEAR 2019-20

SL.No . _____

NAME OF APPLICANT : _____
ADDRESS : _____
TRADE/SCHEMES APPLIED FOR : _____
COMMUNITY / CATEGORY : _____

Signature of Recipient/Authorised Signatory