

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

1<sup>st</sup> Floor, South Block, Secured Office Complex,  
A.T. - Line, Imphal, Manipur

**NOTIFICATION**

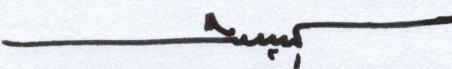
Imphal, the 6<sup>th</sup> December, 2019

No. C/2/SDP(Trg)/OBC&SC-2019: It is hereby notified for general information that application forms for availing "Pisciculture/Fishery", "Poultry Rearing", Piggery and Mushroom Cultivation Trainings under Skill Development Programme (SDP) 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](http://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. For more details, Scheme Officer (SDP) may be contacted during office hour.

  
(Ng. Bhogendra Meitei)  
Director(OBC& SC)  
Government of Manipur  
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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 kindly announce the above notification as news item in Manipuri and English.
8. The News Editor, Sangai Express/Poknapham/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 ITP (Minority Affairs), Manipur to upload the notification and form in the official website.
11. The Notice Board.
12. The Guard File.



**GOVERNMENT OF MANIPUR**  
**DIRECTORATE FOR WELFARE OF OBC & SC**  
**Application Form for Skill Development Programme, 2019-20**

For Official Use

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

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

| NAME OF COURSE                | TICK | NAME OF COURSE                | TICK |
|-------------------------------|------|-------------------------------|------|
| Pisciculture/Fishery Training |      | Poultry Rearing Training      |      |
| Piggery Rearing Training      |      | Mushroom Cultivation Training |      |

Recent  
Passport size  
Photograph

12. NAME OF the COMMUNITY. (Tick appropriate box)

|     |  |    |  |
|-----|--|----|--|
| OBC |  | SC |  |
|-----|--|----|--|

13. CATEGORY. (Tick appropriate column)

|                        |  |   |       |  |       |  |
|------------------------|--|---|-------|--|-------|--|
| PHYSICALLY HANDICAPPED |  | % | HIV + |  | WIDOW |  |
|------------------------|--|---|-------|--|-------|--|

14. 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 of Minority Affairs 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  |

**RECEIPT**

**YEAR 2019-20**

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

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

*Signature of Recipient/Authorised Signatory*