### **GOVERNMENT OF MANIPUR** DIRECTORATE FOR WELFAR OF OBC & SC

Secured Office Complex, 1st Floor, South Block, A.T. Lines, Imphal, Manipur

NOTIFICATION
Imphal, the 5<sup>th</sup> January, 2022

: Applications in prescribed format No. 4/F(CSS)/SCA/T(IGA)OBC&SC-2020 (available at www.manipurobcsc.gov.in) are invited from eligible applicants belonging to Scheduled Castes (SC) communities of the State for availing loan through a mixture of Institutional finance and subsidy in collaboration with Manipur State Cooperative Bank (MSCB) under Income Generating Activity (IGA) Scheme of Special Central Assistance to Scheduled Castes Sub-Plan (SCA to SCSP) for the year, 2020-21. The last date of submission of duly filled in application form along with necessary documents is 31st January, 2022.

- Application form (IGA under SCSP) & Manipur State Co-operative Bank loan form enclosed herewith as Annexure I & Annexure II are to be submitted in the office of the Directorate for Welfare of OBC & SC, Manipur, located at Secured Office Complex, 1st Floor, A.T. Line Imphal.
- 3. For further details, contact Scheme Officer during office hours.

(Ng. Bhogendra Meitei)

Director (OBC & SC) Government of Manipur

#### Copy to:

- 1. The PPS to the Hon'ble Chief Minister (i/c MA/OBC&SC), Manipur.
- 2. The APS to the Secretary (MA/OBC&SC), Government of Manipur.
- 3. 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.
- 4. Editor (Sangai Express Manipur Edition/Poknapham/Huiyen Lanpao/Naharol Thoudang) with a request to publish one day only). Bill, thereof, be submitted to DDO, (OBC & SC) for payment.
- 5. The News Reader, AIR, Imphal with a request to kindly broadcast/announce the above notification as news item in Manipuri and other local dialects.
- 6. The Manager, ISTV/Impact TV, Imphal. He is kindly broadcast/announce the notification as news item in Manipuri and English.
- 7. The Scheme Officer (OBC&SC), Manipur.
- 8. The ITP (MA/OBC&SC), Manipur to upload the notification & form in Directorate's website.
- 9. The Notice Board (OBC&SC), Manipur.
- 10. The Guard File.

### Sl.No.....

# $\frac{2020 \text{ -}2021}{\text{APPLICATION FORM (IGA under SCSP)}}$

### SCHEMES UNDER DIRECTORATE FOR WELFARE OF OBC & SC, GOVERNMENT OF MANIPUR

NAME OF THE APPLICANT :
 FATHER'S / HUSBAND'S NAME :

| 3. DATE OF BIRTH:                          |                              |                           |  |                                 |              |
|--|------------------------------|---------------------------|--|---------------------------------|--------------|
| 4. SEX :                                   |                              |                           |  |                                 |              |
| 5. AADHAAR NO. (enclos                     | se copy ) **Mandatory:       |                           |  |                                 |              |
| 6. BPL Card No. ***Man                     | idatory :                    |                           |  |                                 | Recent       |
| 7. RESIDENTIAL ADDR                        | ESS:                         |                           |  |                                 | sport size   |
| Village/Locality/ Panch                    | ayat :                       |                           |  | Pho                             | otograph     |
| Municipality                               |                              |                           |  |                                 |              |
| 8. District:                               | C                            | ontact No. :              |  |                                 |              |
|  | COME ( enclose support       |                           |  |                                 |              |
| 10. SCHEME / TRADE AF                      |                              | -                         |  |                                 |              |
|  | e to be applied at a time a  | •                         | ional  |                                 |              |
| Name of Trade                              | Tick                         |                           |  | Name of Trade                   | Tick         |
| Name of Trade                              |                              | Name of Trade DEVELOPMENT | Tick   | Name of Trade ASSISTANCE TO SET | Писк         |
| SUBSIDY TO PURCHA                          | ASE                          | OF AGRO-                  |  | UP COTTAGE                      |              |
| FISHING NETS                               |                              | FORESTRY                  |  | INDUSTRIES                      |              |
| Name of Trade                              | Tick                         | TOKESTKI                  |  | I (DOSTRIES                     | 1            |
| •  |                              |                           |  |                                 |              |
| GROCERY                                    |                              |                           |  |                                 |              |
|  |                              |                           |  |                                 |              |
| 11. Any of the above Trade                 | ,                            |                           |  |                                 |              |
| 12. ENCLOSE SC Certifica                   | ate issued by the compete    | ent authority .Please t   | tick YES (                                   | or NO accordingly):             |              |
|  |                              | ·                         |  | •                               |              |
|  | YES                          |                           |  | NO                              |              |
|  |                              |                           | II.  | ,                               |              |
|  |                              |                           |  |                                 |              |
| 13. WHETHER AVAILED                        | ANY SCHEME IN THE            | E PAST:                   | YES/ N                                       | <b>10</b>                       |              |
| IF YES, NAME OF TR                         | ADE / SCHEME & YEA           | R:                        |  | Year                            |              |
|  |                              |                           |  |                                 |              |
|  | $oldsymbol{D}$ .             | ECLARATION                |  |                                 |              |
| I, hereby, declare th                      |                              |                           | orm and M                                    | Ianipur State Co-operative B    | ank (MSCB)   |
| · · · · · · · · · · · · · · · · · · ·      | •                            |                           |  | my application may be can       |              |
| stage, if I am found ineligible            | • •                          |                           |  |                                 | encu, ar any |
| mage, of I am Journa arengies.             | t ana, or the injointation p | nortaea oy me are joi     |  |                                 |              |
|  |                              | Signature of A            | pplicant _                                   |                                 |              |
| REMARKS:                                   |                              |                           |  |                                 |              |
|  |                              | of Authorized Signat      | tory:  |                                 |              |
| DOCUMENTS TO BE SUB                        | <u>SMITTED</u>               |                           |  |                                 |              |
| 1    |                              | A DDI C I                 |  |                                 |              |
| 1. AADHAAR CARD                            | p proof/certificate from     | 3. BPL Card               | 4 . !  | J. L., DDO/SDC/SDO/DC           |              |
| 2. Physically handical competent authorit  |                              |                           | d by BDO/SDC/SDO/DC<br>Issued by SDC /SDO/DC |                                 |              |
| competent authorit                         | y.                           | 5. Income cer             | uncate –                                     | issued by SDC /SDO/DC           |              |
|  |                              |                           |  |                                 |              |
|  |                              |                           |  |                                 |              |
|  |                              | <u>RECEIPT</u>            |  |                                 |              |
| YEAR 2020-21                               |                              |                           |  | SL.No                           |              |
| NAME OF APPLICANT:_                        |                              |                           | _  |                                 |              |
| ADDRESS:<br>FRADE/SCHEMES APPLI            | ED EOD.                      |                           |  |                                 |              |
| TRADE/SCHEMES APPLI<br>COMMUNITY / CATEGO: |                              |                           |  |                                 |              |
| COMINIONII I / CATEGO.                     | N1,                          |                           |  | nature of Recipient/Authoris    | ed Signatory |
|  |                              |                           | Dig.   | пшиго ој пострини линоно        | ca signatory |
|  |                              |                           |  |                                 |              |

## THE MANIPUR STATE COOPERATIVE BANK LTD. **HEAD OFFICE, IMPHAL.**

### APPLICATION FORM FOR LOAN UNDER "CENTRALLY SPONSORED SCHEME OF SPECIAL CENTRAL ASSISTANCE TO SCHEDULED CASTE SUB PLAN (SCA TO SCSP)".

(Please read the instructions given in the last page of this form before filling up this form)

| To,                          |  |   |  | _                          | oplication fee of Rs  |  |  |
|------------------------------|--|---|--|----------------------------|---|--|--|
| ,                            | The Managing Director, Manipur State Cooperative Bank Ltd. Imphal. |   |  | (Rupees)                   |   |  |  |
|                              |  |   |  | only received.             |   |  |  |
| Mampur State Cooperative Ban |  |   |  | Re                         | eceipt Register Sl. No  |  |  |
|                              | ('   | Through the Branch Manager,                         |  | dt.                        | ·•  |  |  |
|                              |  |   | ank Ltd).                              |                            |   |  |  |
|                              | Wampur State Co operative Bank Eta.                                |   |  | Branch Manager/Accountant. |   |  |  |
|                              |  | Subject:-Loan application to Scheduled Caste Sub Pl | under "Special Central Assistar<br>an" | ıce                        | Affix a duly attested recent passport size photograph of the applicant. |  |  |
| Dea                          | ar S   | ir/Madam,   |  |                            |   |  |  |
|                              |  | I am a domicile                                     | of the State of Manipur by b           | irth                       | and I hereby apply for a Medium   |  |  |
| Ter                          | m/I  |   |  |                            | ) only  |  |  |
| und                          | er t   | the "Special Central Assistar                       | nce To Scheduled Caste Sub Pla         | an (S                      | SCA TO SCSP)" of the Government   |  |  |
|                              |  | -   |  | •                          | ctivities by eligible Schedule Caste                                    |  |  |
|                              |  | s as indicated below:                               |  | 8                          |   |  |  |
| 1                            |  |   |  |                            |   |  |  |
|                              | I.   | Type of business/activity                           | :                                      |                            |   |  |  |
|                              |  | Place of Business, if any                           |  |                            |   |  |  |
|                              |  | ·   | he repayment schedule of the Bar       | nk.                        | <u></u>   |  |  |
|                              |  |   | nished in support of my application    |                            |   |  |  |
|                              |  |   | 11 7 11                                |                            |   |  |  |
| A.                           | PE   | RSONAL PROFILE :                                    |  |                            |   |  |  |
|                              | 1.   | Name (Block Letter)                                 | :                                      |                            |   |  |  |
|                              |  | , ,   |  |                            |   |  |  |
|                              | 2.   | Father's/Husband's/Guardian                         | n's name :                             |                            |   |  |  |
|                              |  | Occupation  | : In                                   | com                        | e : Rs  |  |  |
|                              |  | 1   |  |                            |   |  |  |
|                              | 3.   | Mother's/Guardian's name                            | :                                      |                            |   |  |  |
|                              |  | Occupation  | : In                                   | com                        | e : Rs  |  |  |
|                              |  | •   |  |                            | <del></del> .   |  |  |
|                              | 4.   | Permanent Address (Block L                          | etter):                                |                            |   |  |  |
|                              |  | Leikai :  | ·                                      |                            |   |  |  |
|                              |  | X 7'11 //D  |  |                            |   |  |  |
|                              |  | - · ·   |  | ost O                      | ffice :   |  |  |
|                              |  | D 11 (0   |  |                            | ode :   |  |  |
|                              |  | 751 3.7   |  |                            | e No. :   |  |  |
|                              |  | T 11  |  |                            |   |  |  |
|                              |  |   |  | oter :                     | ID No.:   |  |  |
|                              | _  | T A.11 /D1 1.1                                      | -44) FIG 1:00 ( C                      | . 1.                       |   |  |  |
|                              | 5.   | *   | Letter) [If different from (4) above   | _                          |   |  |  |
|                              |  |   |  |                            |   |  |  |
|                              |  | E   |  | . ~                        |   |  |  |
|                              |  | District :  |  |                            | ffice :   |  |  |
|                              |  |   |  |                            | de :  |  |  |
|                              |  |   | M                                      | lobile                     | e No. :   |  |  |
|                              |  |   | <u>-</u> -                             |                            |   |  |  |
|                              |  | Aadhaar Number:                                     | V                                      | oter i                     | ID No.:   |  |  |

|    | 6.               | Date of birth and age as on 01/12/2021 (age proof certificate to be enclosed):  Day Month Year   |             |  |  |  |  |
|----|------------------|--|-------------|--|--|--|--|
|    |                  | (i) Date of birth :  |             |  |  |  |  |
|    |                  | (ii) Age as on 01/12/2021:   | ays.        |  |  |  |  |
|    | 7.               | 7. Marital status (Tick $\sqrt{}$ : Married/U  | nmarried    |  |  |  |  |
|    |                  | If married:       (i) Name of spouse :   |             |  |  |  |  |
|    | 8.               | 8. SC/ST/OBC/General (enclose certificate if SC/ST/OBC):   |             |  |  |  |  |
|    | 9.               | 9. Educational qualification (if any) :  |             |  |  |  |  |
|    | 10.              | 10. Professional qualification (if any) :(Enclose certificate)   |             |  |  |  |  |
|    | 11.              | 11. Practical experience in the concerned field (if any):  |             |  |  |  |  |
|    | 12.              | 12. Number of family members:  |             |  |  |  |  |
| В. | <u>NA</u>        | 13. Have you brought to the knowledge of your : Family Members for taking the loan? If yes, give their comments: If no, why you did not consult with them.  NATURE OF SCHEME/TRADE APPLIED FOR AND UNDERTAKING OF  |             |  |  |  |  |
| 1. |                  | CONDITIONALITIES:  Pattern of financing as per approved schemes of SCA TO SCSP:  |             |  |  |  |  |
| 1. | i.<br>ii.<br>iii | i. Type of business/activity/scheme :  |             |  |  |  |  |
|    | If               | Whether scheme/trade requires Business Site? If yes, whether owned or rented?  If owned, enclose Photostat copy of Jamabandi/Patta of the land/site duly attested by some of the land/site duly attested by some of the land of the land/site duly attested by some of the land of the lan |             |  |  |  |  |
| 2. | res<br>ma        | Under the SCA TO SCSP, certain component of the loan may be given in kind prespect of agriculture & Soil conservation, food processing, handicrafts & machineries, animal husbandry, plants & equipment's, machineries etc. Are you willing the condition?   | Handlooms   |  |  |  |  |
| 3. | For              | For availing the loan, you are required:  a. To purchase 10 (ten) shares of Rs.100/- per share aggregating to Rs.1,000/-   | only.       |  |  |  |  |
|    |                  | b. To open a bank account with the concerned Branch of the MSCB Lt amount shall be Rs.1,000/- only).   | d. (minimum |  |  |  |  |

c. To pay Processing Fee @ 0.50 % of the loan amount to the bank along with the applicable GST. Contd. on  $3/\dots$ 

d. Insurance of all the Assets created out of the Loan amount is compulsory. Therefore, you will also be required to deposit the required insurance premium to the bank.

Are you agreeable to all the above conditions?

Yes/No

| [If No, it is advisable not to  | apply for the loan.]  |  |  |    |
|---|---|--|--|----|
| C. DETAILS OF ARTICLES/MACHIPAPPLICABLE):   | NERIES PROPOSED TO BE PU  | J <b>RCHA</b>  | SED (WHEREVE   | ΞR |
| <ul> <li>(a) Name/Type of article/machineries</li> <li>(b) Maker's Name</li> <li>(c) Year of manufacture</li> <li>(d) Mode/purpose of the article</li> <li>(e) Name of the supplier</li> <li>(f) Cost price per unit  (Quotation/scheme to be enclosed)</li> </ul>  |   |  |  |    |
| D. INCOME EXPECTED PER MONTH  |   |  |  |    |
| (a) Gross income  | : Rs  |  |  |    |
| (b) Less Expenses   | : Rs  |  |  |    |
| (c) Net income  | : Rs  |  |  |    |
| E. SECURITIES:  |   |  |  |    |
| 1. No objection of the family members (t  | to be enclosed)   | :  | Yes/No   |    |
| 2. Undertaking of the family members for  | r repayment of loan (to be enclosed)  | :  | Yes/No   |    |
| knowledge and belief. I am agreeable to ab<br>by the State Govt./Bank for granting the<br>information is/are found wrong or conc<br>application may be rejected at any time/sta<br>the entire amount of loan or the balance the<br>or submission on my part after disbursement<br>I shall furnish all other information<br>that this may also be furnished by you<br>representatives, representatives of State Gauthorized by you may, at any time, inspe-<br>premises. | made by me in this application are ide by the usual terms and condition loan under schemes of the SCA to ealment of actual information is ge. I further agree with the State Go reof if the State Govt. /Bank detect at of the loan.  that may be required in connection we to any agency you may deem fit ovt., representatives of NABARD or | true to to so as may of SCSP. found, to to the total to the total to the total | the best of my y be stipulated If any of the then my loan k for recalling rrect statement application and hat you, your ther agency as |    |
| Encl:   |   |  |  |    |
| 1   |   |  |  |    |
| 2   |   |  |  |    |
| 3   |   |  |  |    |
| 4   | Signature of the appl   | licant.  |  |    |

Date:

.....

### **INSTRUCTIONS TO THE APPLICANT:**

- 1. The beneficiaries should be Scheduled Caste persons as per approved sub-scheme under SCA to SCSP.
- 2. All documents submitted should be genuine ones only. If any of the documents are found/detected as false/fake at any stage, the application is liable to be rejected.
- 3. The applicants will have to abide by the insurance policy adopted by the bank for the specific schemes under SCA to SCSP.
- 4. The applicant should strictly fulfill the eligibility criteria laid down in the SCA to SCSP Scheme.
- 5. The applicant shall agree to any terms and conditions as may be laid down by the State Government/Bank regarding implementation of the SCA to SCSP from time to time.

|  | (0) |
|--|-----|
|--|-----|

### **NO-OBJECTION LETTER OF FAMILY MEMBERS**

| The Manager,  |  |
|---|--|
| Manipur State Co-operative Bank Ltd.                  |  |
| Branch.   |  |
|   |  |
|   |  |
| Subject: - No objection letter towards grant of Mediu | m Term/Long Term Loan under SCA to SCSP.             |
|   |  |
|   |  |
| Sir/Madam,  |  |
|   |  |
|   |  |
| I/We, the undersigned family member(s) of Shri/Smt    | ./Km   |
| , s/o,w/o,d/o Shri/                                   | Smt./  |
| , a re  | sident of  |
|   | District, Manipur do hereby                          |
| declared that, I/We have no objection towards the gr  | ant of Medium Term/Long Term Loan amounting          |
| to Rs(Rupees  |  |
| ( <u>-</u>  |  |
|   |  |
|   |  |
| Dlaca   | Yours faithfully,                                    |
| Place,  | Tours faithfully,                                    |
| Dated   |  |
|   |  |
|   |  |
|   | Signature or thumb impression of                     |
| 1   | the family members of the applicant.                 |
|   |  |
| (0)   | )  |
|   |  |
| UNDERTAKING TO BE GIVEN                               | BY THE FAMILY MEMEBRS                                |
|   |  |
|   |  |
| I/We, the undersigned family member(s) of Shri/Smt    | /Km  |
| , s/o,w/o,d/o Shri/<br>, a res                        | Smt./  |
| , a re  | sident of  |
| •   | District, Manipur do hereby                          |
| undertake to repay the loan granted to the above box  | rower in the event of default of repayment by the    |
| borrower.   | · · · · · · · · · · · · · · · · · · ·                |
|   |  |
| I/We do herby further agree that in default of repaym | nent by the Rorrower, the Rank will be at liberty to |
| proceed against me/us and realize the dues from m     |  |
| heirs, executors and assigns by attachment of propert |  |
| nens, executors and assigns by attachment of propert  | des movable and mimovable.                           |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | Signature or thumb impression of                     |
| 1   | the family member(s) of the applicant.               |
|   | - · · · · · · · · · · · · · · · · · · ·              |
|   | Date:  |
|   |  |
|   | Place:   |

### **Requirement for availing the loan**

- a. To open a bank account with the concerned Branch of the MSCB Ltd. (minimum amount shall be Rs.1,000/- only)
- b. To purchase 10 (ten) shares of Rs. 100/- per share aggregating to Rs.1,000/- only.
- c. No objection of the family members
- d. Undertaking of the family members for repayments of the loan
- e. In case the loan amount is above Rs.1,60,000/-, security either Govt. employee or collateral security.