

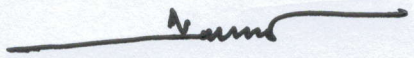
GOVERNMENT OF MANIPUR
DIRECTORATE FOR WELFARE OF OBC & SC
1st Floor, South Block, Secured Office Complex,
A.T. Line, Imphal, Manipur

NOTIFICATION

Imphal, the 25th March, 2022

No. C/3/SDP/OBC&SC-2021 : 1864 It is hereby notified for general information that application forms for availing (i) **Plumbing** (ii) **Barbering** (iii) **Electrical Works** (iv) **Masonry** (v) **Fishery Training** (vi) **Mushroom Cultivation** and (vii) **Mobile vending** etc. Trainings for 1-month under Economic and Skill Development Programme (ESDP) for the year 2021-2022 are invited from the interested person belonging to OBC & SC communities of the State. Application form can be downloaded from the official website of the Directorate for Welfare of OBC & SC, Government of Manipur www.manipurobcsc.gov.in

- a) Form submission starts on : **10:00 a.m. to 2:00 p.m. w.e.f. 28/3/2022**
- b) Last date of form submission : **28/4/2022**
2. Sl.No. (i) to (iv) will be conducted as per National Skills Qualification Framework(NSQF). Form will not be accepted on holidays and /or outside the mentioned designated timings. Incomplete 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(ESDP) may be contacted during office hour.


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

Copy to:-

1. The Secretary to the Hon'ble Chief Minister, Manipur.
2. The A.P.S. 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. Chief Finance Officer(OBC & SC), Government of Manipur.
5. The News Reader, AIR, Imphal with a request to kindly announce the above notification as news item in Manipuri and other local dialects.
6. The Manager, ISTV/Impact TV, Imphal. He is requested to kindly announce the above notification as news item in Manipuri and English.
7. The Editors, HuiyenLanpao(M), Sangai Express(M), Naharolgee Thoudang, Poknapham and Echel Express, Imphal to publish the above notification in your daily for 1(one) day only. Bills thereof be submitted for payment.
8. The Scheme Officer concerned (OBC & SC), Manipur.
9. The Notice Board.
10. The Guard File.

Sl.No.....

2021-22
APPLICATION FORM
Economic & Skill Development Programme (ESDP)
SCHEMES UNDER OBC & SCs, GOVERNMENT OF MANIPUR

1. APPLICANT'S FULL NAME (in Block letters) : _____

2. Mobile Number : _____ Gender : _____ Male _____ Female RELIGION : _____

3. Date of birth : _____ Aadhaar Number : _____

A. Parent's / Guardian information :

Father's / Husband's name : _____

Annual income of the family : _____

B. Residential Address of the Applicant

P.O. _____ P.S.: _____ District : _____

PIN Code _____

C. EDUCATIONAL QUALIFICATION : _____

D. ENCLOSE SC/OBC CERTIFICATE ISSUED BY THE COMPETENT AUTHORITY . (Please tick): _____ Yes/ _____ No

E. TRADE/JOB ROLE/ APPLIED FOR : _____

Sl.No	Name of Trade	Tick	Sl.No	Name of Trade	Tick	Sl.No	Name of Trade	Tick
1.	Barbering Assistant hairstylist		2.	Electrical works: Assistant		3.	Masonry	
Sl.No	Name of Trade	Tick	Sl.No	Name of Trade	Tick	Sl.No	Name of Trade	Tick
4.	Plumbing		5.	Fishery Training		6.	Mushroom Cultivation	
Sl.No	Name of Trade	Tick						
7.	Mobile Vending							

F. WHETHER AVAILED OF ANY SCHEME IN THE PAST : _____ YES/ _____ NO

IF YES, NAME OF TRADE /SCHEME AND YEAR _____ Year _____

DECLARATION

I, hereby, declared that I have not applied for availed any other schemes implemented by the Department for Welfare of OBC & SCs 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 Requirement :

1. Photocopy of Aadhar (1 copy)
2. Photocopy of Highest Qualification (1copy)
3. Colour Passport size photograph (2 copy)
4. Bank AC details (photocopy of passbook)
5. HIV + patient proof/ Certificate (if Applicable) .
6. Photocopy of Income Certificate (1copy)
7. Photo copy of Caste Certificate (SC/OBC) (1 copy)
8. Electoral Roll copy or Epic copy (if Applicable)
9. Physically handicap proof / certificate form competent authority (if applicable)

RECEIPT

YEAR 2021-22

SL.No . _____

NAME OF APPLICANT: _____ ADDRESS: _____

TRADE/JOB APPLIED FOR: _____ COMMUNITY / CATEGORY _____

Signature of Recipient/Authorised Signatory