GOVERNMENT OF MANIPUR DIRECTORATE FOR WELFAR OF OBC & SC

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

NOTIFICATION

Imphal, the 14th July, 2022

No. A/1/2019-20-OBC&SC(SCA);/989 In continuation of this office notification of even No. dated 23rd October, 2019 and 22nd February, 2021, applications in prescribed format (available at <u>www.manipurobcsc.gov.in</u>) are invited from eligible applicants belonging to Scheduled Castes (SC) communities of the State for availing assistance namely (i) Agriculture Knapsack Sprayer (ii) Fish Fingerling (iii) Poultry and (iv) Carpentry Tools under Income Generating Activity (IGA) Scheme of Special Central Assistance to Scheduled Castes Sub-Plan (SCA to SCSP) for the years 2019-20 and 2020-21. The last date for submission of duly filled in application form along with necessary documents is 11th August, 2022.

For more details, Scheme Officer (SCA to SCSP) may be contacted during office 2. hours.

> (Ng. Bhogendra Meitei) Director (OBC & SC) Manipur

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Copy to (for kind information):

- 1. Secretary to the Hon'ble Chief Minister, Manipur.
- 2. APS to Secretary (OBC&SC), Government of Manipur.
- 3. 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. News Reader, AIR, Imphal with a request to kindly broadcast/announce the above notification as news item in Manipuri and other local dialects.
- 6. Manager, ISTV/Impact TV, Imphal. He is requested to kindly broadcast/announce the notification as news item in Manipuri and English.
- 7. Scheme Officer (OBC&SC), Manipur.
- 8. FI (MA), Manipur to upload the notification & form in Directorate's website.
- 9. Notice Board (OBC&SC), Manipur.
- 10. Guard File.

(2019 -2020 & 2020-21) APPLICATION FORM (IGA under SCSP) SCHEMES UNDER OBC & SCs , GOVERNMENT OF MANIPUR

			-			
1. NAME OF THE APPLICANT :						
2. FATHER'S / HUSBAND'S NAME :						
3. DATE OF BIRTH :						
4. SEX :						
5. AADHAAR NO. (enclose copy) **M	andaton					Recent
6. EPIC NO. (as latest electoral roll) **	*					
7. RESIDENTIAL ADDRESS :					Puss	port photo
Village/Locality/ Panchayat						
Municipality						
8. District :		Contact No. :				
9. ANNUAL FAMILY INCOME (enclose	supporting					
10. SCHEWE / IKADE APPLIED FOR (Tick appropr	into column)				
** Only one scheme to be applied	ed at a time a	nd SL. No (11) is Optional				
		······································				
Name of Trade	Tick	Name of Trade	Tick	Nome		
AGRICULTURE KNAPSACK SPRAYER		FISH FINGERLINGS	TICA	Name of Trade		Tick
CARPENTRY TOOLS		I IOIT INGENEINGS		POULTRY		
13. CATEGORY : (Tick appropriate colur	nn) *** Enclos	se Supporting document		YES		NO
PHYSICALLY HANDICAPPED		% HIV +	1			
				Widow	1	
14. WHETHER AVAILED ANY SCHEME IN IF YES, NAME OF TRADE / SCHEME &	THE PAST:	YES/ NO	Year			
I have a second	D	ECLARATION				
I, hereby, declared that I have not SCs for the current financial year and th	amulia 15		implemer	ited by the Departm	ant 6 144 .	
SCs for the current financial year and the nowledge. I, further declare that my app	at the entries	s made by me in the Applic	ation for	m are complete an	lent for Wel	are of OBC
nowledge. I, further declare that my app rovided by me are found to be incorrect.	olication may	be cancelled, at any stag	ge, if I ar	n found ineligible	and/or the	best of my information
REMARKS:		Signature of Applica	ant			
		Signature of Authorized	Sector Sector	N /1		
				/y		<u></u>
	<u>D</u>	OCUMENTS TO BE SUB	MITTED			
1. AADHAAR CARD (Compulsory)						
2. Electoral Roll copy or Epic card (C	 HIV+ patient proof / certificate Applicable Community Certificate: 					
5. Flysically nandicap proof/certifical	a. SC Certificate	munity C	ertificate:	금요가 많이		
competent authority.		6. Income certificat	te – Issuea i	by BDO/SDC/SDO/D ad by SDC /SDO/DC	C	
		DEOCIDE				
AR 2019-20 & 2020-21		RECEIPT				
ME OF APPLICANT:				SL.No		
DRESS:						
ADE/SCHEMES APPLIED FOR:						

COMMUNITY / CATEGORY:_

Signature of Recipient/Authorised Signatory

SI.No.....