

**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**

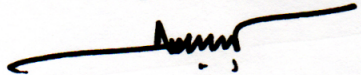
Imphal, the 14<sup>th</sup> September, 2022

No. A/1/2019-20-OBC&SC(SCA): /1053 In continuation of this office notification of even No. dated 2<sup>nd</sup> September, 2022, it is hereby informed to all concerned that applications in prescribed format (available at [www.manipurobcsc.gov.in](http://www.manipurobcsc.gov.in)) are invited from eligible applicants belonging to Scheduled Castes (SC) Communities of the State for availing assistance namely **(i) Agriculture Knapsack Sprayer (ii) Fish Fingerlings (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 23<sup>rd</sup> September, 2022.

2. Further, it is, hereby informed to submit the following documents at the time of submission of application form.

1. Aadhaar Card ( <b>compulsory</b> )	2. Electoral Roll Copy/Epic Card	3. SC Certificate issued by competent authority ( <b>compulsory</b> )
4. Physically Handicap, proof/certificate from competent authority (if applicable)	5. Income Certificate/BPL Card issued by competent authority ( <b>compulsory</b> )	6. HIV patient proof/certificate (if applicable)

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

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

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 - Manipuri Edition/Poknapham) with a request to publish for one day only as advertisement). 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. Scheme Officer (OBC&SC), Manipur.
7. FI (MA), Manipur to upload the notification in Directorate's website.
8. Notice Board (OBC&SC), Manipur.
9. Guard File.



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

Sl.No.....

1. NAME OF THE APPLICANT :
2. FATHER'S / HUSBAND'S NAME :
3. DATE OF BIRTH :
4. SEX :
5. AADHAAR NO. (enclose copy ) \*\*Mandatory :
6. EPIC NO. (as latest electoral roll ) \*\* :
7. RESIDENTIAL ADDRESS :  
Village/Locality/ Panchayat :  
Municipality :
8. District : Contact No. :
9. ANNUAL FAMILY INCOME ( enclose supporting document ):
10. SCHEME / TRADE APPLIED FOR : ( Tick appropriate column ):  
\*\* Only one scheme to be applied at a time and SL. No (11) is Optional :

Recent  
Passport photo

Name of Trade	Tick	Name of Trade	Tick	Name of Trade	Tick
AGRICULTURE KNAPSACK SPRAYER		FISH FINGERLINGS		POULTRY	
CARPENTRY TOOLS					

11. Any of the above Trade ☐
12. ENCLOSE SC Certificate issued by the competent authority .Please tick YES or NO accordingly):

YES		NO	
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13. CATEGORY : ( Tick appropriate column) \*\*\* Enclose Supporting document

PHYSICALLY HANDICAPPED		%	HIV +		Widow	
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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 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 TO BE SUBMITTED**

1. AADHAAR CARD ( Compulsory)	4. Physically handicap proof/certificate from competent authority ( if applicable)
2. Electoral Roll copy or Epic card .	5. Income certificate / BPL Card issued by competent authority. ( Compulsory )
3. SC Certificate issued by competent authority. (Compulsory)	6. HIV+ patient proof / certificate ( if applicable)

**RECEIPT**

YEAR 2019-20 & 2020-21

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

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TRADE/SCHEMES APPLIED FOR: \_\_\_\_\_

COMMUNITY / CATEGORY: \_\_\_\_\_

Signature of Recipient/Authorised Signatory