

2020 -2021

Sl.No.....

APPLICATION FORM (EDP)

SCHEMES UNDER OBC & SC , 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) **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



Name of Trade	Tick	Name of Trade	Tick	Name of Trade	Tick
AGRICULTURE KNAPSACK SPRAYER		POULTRY REARING		CARPENTRY TOOL KIT	

- 11. NAME OF OBC & SC COMMUNITY : (Tick appropriate box) *** Enclose Supporting document

OBC		SC	
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- 12. CATEGORY : (Tick appropriate column) *** Enclose Supporting document

PHYSICALLY HANDICAPPED		%	HIV +		WIDOW	
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- 13. 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 & SC 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

<ul style="list-style-type: none"> 1. AADHAAR CARD (Compulsory) 2. Electoral Roll copy or Epic card (Compulsory) 3. Physically handicap proof/certificate from competent authority. 	<ul style="list-style-type: none"> 4. HIV+ patient proof / certificate 5. Applicable Community Certificate: a. OBC & SC Certificate issued by BDO/SDC/SDO/DC 6. Income certificate – Issued by SDC /SDO/DC
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RECEIPT

YEAR 2020-21
 NAME OF APPLICANT: _____
 ADDRESS: _____
 TRADE/SCHEMES APPLIED FOR: _____
 COMMUNITY / CATEGORY: _____

Sl.No . _____

Signature of Recipient/Authorised Signatory