

- 349 -

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

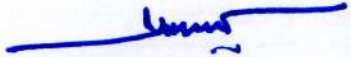
.....

NOTIFICATION

Imphal, the 22nd February, 2021

No. A/1/2019-20-OBC&SC(SCA)/1167 : Applications in prescribed format (available at www.manipurobcsc.gov.in) are invited from eligible applicants belonging to Scheduled Castes (SC) communities of the State for providing assistance under Income Generating Activity (IGA) Scheme of SCA to SCSP for the year, 2020-21. The last date of submission of duly filled in application form along with necessary documents is 27/03/2021.

2. 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. The Chief Finance Officer (OBC&SC), Manipur.
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 requested to kindly broadcast/announce the above notification as news item in Manipur 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.

GUIDELINES FOR FILL-UP OF APPLICATION FORM

1. Aadhar Card (Compulsory).
2. Voter ID Card/ Copy of Electoral Roll latest (Compulsory).
3. SC Certificate (Compulsory).
4. Income Certificate from the competent authority (Not exceeding Rs. 1.00 lakh p.a.).
5. Recent Passport size photograph.+
6. Physically Handicapped proof from competent authority (if applicable).
7. HIV + Patient proof certificate/ widow certificate (if applicable).
8. Beneficiary who has earlier been benefited under this scheme in the last 5-years shall not be eligible to apply for these schemes.
9. Applicant's should apply for only one trade. If an applicant applies for more than one trade, the Beneficiary Selection Committee reserves the right to consider any one of the trades applied for.

2020 -2021

Sl.No.....

APPLICATION FORM (IGA under SCSP)
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 and Sl. No (11) is Optional

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

11. Any of the above Trade

12. ENCLOSE SC Certificate issued by the competent authority .Please tick YES or NO accordingly):

YES		NO	
-----	--	----	--

13. CATEGORY : (Tick appropriate column) *** Enclose Supporting document

PHYSICALLY HANDICAPPED		%	HIV +		Women	
------------------------	--	---	-------	--	-------	--

14. WHETHER AVAILED ANY SCHEME IN THE PAST: YES/ NO

IF YES, NAME OF TRADE / SCHEME & YEAR: _____ Year _____

DECLARATION

I, hereby, declare that I have not applied for availing 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

1. AADHAAR CARD (Compulsory)	4. HIV+ patient proof / certificate
2. Electoral Roll copy or Epic card (Compulsory)	5. Applicable Community Certificate:
3. Physically handicapped proof/certificate from competent authority.	a. SC Certificate issued by BDO/SDC/SDO/DC
	6. Income certificate – Issued by SDC /SDO/DC

RECEIPT

YEAR 2020-21

SL.No . _____

NAME OF APPLICANT: _____

ADDRESS: _____

TRADE/SCHEMES APPLIED FOR: _____

COMMUNITY / CATEGORY: _____

Signature of Recipient/Authorised Signatory