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GOVERNMENT OF MANIPUR
DIRECTORATE FOR WELFARE OF OBC & SC
1st FLOOR, SECURED OFFICE COMPLEX, A.T. LINE, MANIPUR

NOTIFICATION


Imphal, the 5th December, 2022

No. C/3/SDP/OBC & SC-2020: In continuation of this notification of even No. dated 29th September, 2022, it is hereby notified to all concerned that applications in prescribed format (available at www.manipurobcsc.gov.in) are invited from eligible applicants belonging to Scheduled Caste (SC) Communities of the State for availing Goods & Services Tax (GST) Accounts Assistant (BSC/Q0910) under Special Central Assistance to Schedule Caste Sub Plan (SCA to SCSP) for the year 2021-22. The last date for submission of duly filled in application form along with necessary documents is 23rd December, 2022.

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

1. Aadhar Card (compulsory)	2. Electoral Roll Copy/ Epic Card	3. SC Certificate issued by the competent authority (compulsory)
4. Physically Handicap proof/certificate from competent authority (if applicable)	5. Income Certificate/BPL Card issued by competent authority (compulsory)	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 (OBC & SC), Manipur to upload the notification in Directorate's website.
8. Notice Board (OBC&SC), Manipur.
9. Guard File.

Sl. No.....

2021-22

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passport size
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APPLICATION FORM
SKILL DEVELOPMENT PROGRAM FOR SCHEDULE CASTE
UNDER SPECIAL CENTRAL ASSISTANCE TO SCHEDULE CASTE SUB PLAN
DIRECTORATE OF OBC AND SC, GOVERNMENT OF MANIPUR

APPLICANT DETAILS

Applicant's full name (in BLOCK letters):

Mobile Number: _____ Gender: _____ Male _____ Female

Date of birth: ____/____/____ (DD/MM/YYYY) Aadhar Number: _____

A. Parent's / Guardian's information

Father's/Husband's name: _____

Annual Income of the family: _____

B. Residential Address of the Applicant

PO & PS: _____ District: _____ PIN Code _____

C. EDUCATIONAL QUALIFICATION: _____

D. ENCLOSE SC CERTIFICATE ISSUED BY THE COMPETENT AUTHORITY. (Please tick): _____ YES/_____ NO

E. TRADE APPLIED FOR: GOODS & SERVICE TAX (GST) ACCOUNTS ASSISTANT

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

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

DECLARATION

I, hereby, declare that I have neither applied nor availed of any other schemes implemented by the Department of OBC and SC, Manipur 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 found ineligible and/or the information provided by me are found to be incorrect.

Signature of Applicant _____

REMARKS: _____

Signature of Authorized Signatory: _____

Document Requirement:

- | | |
|--|---|
| 1. Photocopy of Aadhar (1 copy) | 5. Photocopy of Income Certificate (1 Copy) |
| 2. Photocopy of Highest qualification (1 copy) | 6. Photo copy of BPL/Ration Card (1Copy) |
| 3. Color passport size photograph (2 copy) | 7. Photo copy of Caste Certificate (SC) (1copy) |
| 4. Bank A/C details (photocopy of passbook) | 8. Electoral Roll copy or Epic copy (if Applicable) |
| 5. HIV+ patient proof/ Certificate (If Applicable) | 9. Physically handicap proof / certificate from competent authority (if Applicable) |

RECEIPT

YEAR: 2019-20

Sl. No. _____

NAME OF APPLICANT: _____ ADDRESS: _____

TRADE/JOB ROLE APPLIED FOR: _____ COMMUNITY / CATEGORY: _____

Signature of Recipient/Authorised Signatory