

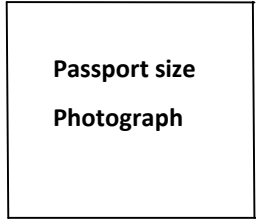
2017-18

Sl.No.

APPLICATION FORM

FOR SCHEMES UNDER MOBC & SC DEPARTMENT, GOVERNMENT OF MANIPUR

- 1. NAME OF APPLICANT :
- 2. FATHER'S/HUSBAND/S NAME :
- 3. DATE OF BIRTH :
- 4. SEX
- 5. AADHAAR NO. (enclose copy)
- 6. EPIC NO.(as per latest electoral roll) :
- 7. RESIDENTIAL ADDRESS :
 Village/Locality/Panchayat :
 Municipality :
 Assembly Constituency :
- 8. ANNUAL FAMILY INCOME (enclose supporting document) :
- 9. 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
EMBROIDERY		TAILORING		FISHERY	

- 10. NAME OF COMMUNITY :(Tick appropriate box)

**** Enclose Supporting document**

MINORITY	OBC	SC
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- 11. CATEGORY : (Tick appropriate column) **** Enclose supporting document**

PHYSICALLY HANDICAPPED	HIV+
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- 12. WHETHER AVAILED ANY SCHEME IN THE PAST : YES/NO
 IF YES, NAME OF TRADE/SCHEME & YEAR : _____ Year _____

Signature of Applicant: _____

REMARKS : _____

Signature of Authorized Signatory: _____

DOCUMENTS TO BE SUBMITTED:-

- 1. AADHAAR card
- 2. Electoral Roll Copy or EPIC card
- 3. Physical handicap proof/certificate from authorized Medical Officer
- 4. HIV+ patient proof/certificate
- 5. Applicable Community Certificate :
 - a. Minorities : Minority Certificate issued by BDO/SDC/SDO/DC
 - b. OBCs: OBC Certificate issued by SDO/DC
 - c. SC : SC Certificate issued by SDO/DC
- 6. Income Certificate – issued by SDC/SDO/DC

RECEIPT

Year : 2017-18

NAME OF APPLICANT: _____

ADDRESS : _____

TRADE/SCHEME APPLIED FOR : _____

COMMUNITY/CATOGORY : _____

Sl.No.

Signature of Recipient /Authorized signatory