

2019-2020

**APPLICATION FORM (EDP)**  
SCHEMES UNDER MINORITY AFFAIRS, GOVERNMENT OF MANIPUR

For Official Use

Sl. No .....

Scheme .....

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1. NAME OF THE APPLICANT :
2. FATHER'S / HUSBAND'S NAME :
3. DATE OF BIRTH :
4. SEX :
5. AADHAAR NO. :
6. EPIC NO. :
7. HOUSE NO. & POLLING STATION :  
(As per the latest Electoral Roll)
8. RESIDENTIAL ADDRESS :  
Village/Locality/ Panchayat :  
Municipality :
9. ANNUAL FAMILY INCOME :
10. SCHEME / TRADE APPLIED FOR. (Tick appropriate column):



Recent  
Passport size  
Photograph

\*\* Only one scheme to be applied at a time

NAME OF TRADE	TICK	NAME OF TRADE	TICK
AGRICULTURE - KNAPSACK SPRAYER		POULTRY REARING	

11. NAME OF MINORITY COMMUNITY. (Tick appropriate box)

MUSLIM		CHRISTIAN		SIKH		BUDDHIST		PARSI		JAIN	
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12. CATEGORY. (Tick appropriate column)

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 of Minority Affairs 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	4. HIV+ Patient Proof / Certificate
2. Copy of Electoral Roll	5. Applicable Community Certificate:
3. Physically Handicap Proof/Certificate from Competent Authority.	a. Minority: Minority Certificate issued by BDO/SDC/SDO/DC
	6. Income certificate – Issued by SDC /SDO/DC

**RECEIPT**

YEAR 2019-20

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

NAME OF APPLICANT : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
TRADE/SCHEMES APPLIED FOR : \_\_\_\_\_  
COMMUNITY / CATEGORY: \_\_\_\_\_

Signature of Recipient/Authorised Signatory