

GOVERNMENT OF MANIPUR
DEPARTMENT OF TRIBAL AFFAIRS, HILLS
& SCHEDULED CASTE DEVELOPMENT

APPLICATION FORM
(2016-2017)

Recent Colour
Passport size
Photograph with
full applicant's
signature thereon

(Please read the application form carefully and fill up in BLOCK LETTERS only. Avoid overwriting in the application form. One Applicant should apply for one Scheme only)

1. Name of the Applicant:
2. Present Age: 3. Academic Qualification:
3. Name of Head of Household:
4. Relationship with the Head of Household:
5. Parent/Guardian's Occupation:
6. Address:
 - (a) Village: (b) Block:
 - (c) District:
7. Assistance, if any, received from Govt. in the past:
 - (a) Name of the Scheme:
 - (b) Amount/material received:
 - (c) Year in which the assistance received:
8. Name of other family members:

Sl. No.	Name of family members	Age	Sex	Relationship
1				
2				
3				
4				
5				

10. Total family income per year: (Income certificate to be enclosed)
11. Name of Tribe: (A certificate of the competent authority to be enclosed)
12. Occupation of the Applicant:
13. Subsidiary Occupation, if any:
14. Bank account details of the applicant:
(Financial assistance, if sanctioned, will be directly credited in the bank account of the person/beneficiary concerned)
 - (a) Account No.: (b) Name of the Bank:
 - (c) Name of the Branch:
 - (d) IFSC Code:
15. Name of Scheme applied for:

DECLARATION:

I do hereby solemnly declare that the above information furnished by me are true to the best of my knowledge and if at any point of time some part or whole information is found to be incorrect, my candidature may be cancelled.

Date:

Place:

Signature/Thumb impression of the applicant

RECOMMENDATION OF VILLAGE AUTHORITY:

We recommend Shri/Smt/Ms
for grant of Scheme under TA&H Department as was
decided in the meeting of the village authority of Village,
..... Block, District held on
We certify that the particulars declared by the applicant are true and correct.

Date: Signature:
Place: ()
Name of the Chairman/Chief/Khullakpa

Signature: Signature:
() ()
Name of the Secretary Name of the Member

In addition to recommendation which may be given by the Village Authority, Member of
Parliament/Circle MLA/Circle MDC concerned may also recommend for selection of beneficiaries as
follows:

Shri/Smt/Ms
of Village under
Sub-Division of District is recommended for
grant of Scheme under the Tribal Affairs & Hills Department for the year
.....

This is certified that the particulars declared by the applicant in the application form are true
and correct.

(M.P./M.L.A./M.D.C. concerned)

RECOMMENDATION OF THE SCREENING COMMITTEE:

A) The applicant is recommended for awarding with the scheme for the financial year,
and his/her name appear under Sl. No. of the list forwarded vide No.
dated as recommended by the Screening Committee in its meeting held on
.....

B) The case of the applicant could not be considered.

Place: Member Secretary,
Date: Screening Committee