

**GOVERNMENT OF MANIPUR
DIRECTORATE OF MINORITIES AND OTHER BACKWAD CLASSES
GOVERNOR ROAD: IMPHAL.**

*Attach 1 passport
photo duly
attested by a
Gazetted Officer*

Form No.....

Application form for Economic Development Programme (EDP) schemes for the year 2010-2011.
(Poultry, Vegetable, Irrigation Pump, Cycle Rickshaw, Cycle Rickshaw (Goods carrier) and Embroidery)

All entries must be duly filled in

1. Name of the scheme applied :
2. Name of the applicant (in Block Letters)* :
3. Father's/Mother's/Husband's/Guardian's Name :
4. Address (with Block/Sub-Division/District/PO/PS) :
5. Serial No. of the applicant in the Voters' list :
6. Name and No. of Polling Station :
7. Name of the Assembly Constituency :
8. Age as on 31/01/2010 :
9. Sex and Marital Status :
10. Name of OBC/Minority :
11. Occupation of the applicant :
12. Annual Family Income (Certificate from concerned DC/ADC/SDO/SDC to be enclosed) :
13. Educational Qualification

Date :
Place :

Signature/Thumb Impression of the applicant.

* Physically challenged person(s) should enclose relevant document(s).

VERIFICATION

This is to certify that the particulars given by the applicant Shri/Smt/Km/Mr./Mrs.
..... are verified and found correct.

Signature of the DC/ADC/SDO/SDC concerned

Name :

Seal :

GOVERNMENT OF MANIPUR
DIRECTORATE OF MINORITIES AND OTHER BACKWAD CLASSES
GOVERNOR ROAD, IMPHAL.

Attach 1 passport
photo duly
attested by a
Gazetted Officer

R E C E I P T

Receipt No..... Date of Receipt.....

1. Form No. :
2. Name of the scheme applied :
3. Category : Minority/OBC (tick the appropriate)
4. Name and Address of the :
Applicant.
5. Guardian's Name. :
6. Signature/Thumb Impression :
of the applicant
7. Signature of the Receiver :

Office copy

GOVERNMENT OF MANIPUR
DIRECTORATE OF MINORITIES AND OTHER BACKWAD CLASSES
GOVERNOR ROAD, IMPHAL.

Attach 1 passport
photo duly
attested by a
Gazetted Officer

R E C E I P T

Receipt No..... Date of Receipt.....

1. Form No. :
2. Name of the scheme applied :
3. Category : Minority/OBC (tick the appropriate)
4. Name and Address of the :
Applicant
5. Guardian's Name. :
6. Signature/Thumb Impression :
of the applicant
7. Signature of the Receiver :

Applicant copy