



## Government of Manipur Social Welfare Department

### CHIEF MINISTER'S COVID-19 AFFECTED LIVELIHOOD SUPPORT SCHEME

No. .... (to be filled in by authorized official; same no. as in acknowledgement slip to be given)

### APPLICATION FORM 1.0

(Refer Annexure 1 for eligible occupations/professions)

**DETAILS OF APPLICANT:**

1. NAME: .....
2. AGE: ..... SEX: .....
3. MOBILE NO.: .....EMAIL ID.....
4. FATHER'S/ HUSBAND'S NAME: .....  
.....
5. ADDRESS: .....
6. DISTRICT: ..... SUB-DIVISION: .....
7. SDC/REVENUE CIRCLE/TEHSIL: .....
8. OCCUPATION OF APPLICANT: ..... (Refer Annexure 1)
9. Registration no / license no. / permit no / Reference No. in the list of beneficiaries, etc. issued by relevant Department in connection with above profession / occupation: ..... (Copy of same to be enclosed as **Document A**)
10. Details of family members are given below:



(Note: Family is a group of persons constituting a single household which may usually consist of spouses, parents, children, siblings, and others sharing a common kitchen.)

Sl. No.	Name (only persons above 18 years of age to be listed)	Age in years	Relationship with Applicant	AADHAAR No.

11. AADHAAR NO OF APPLICANT: .....

12. BANK ACCOUNT DETAILS OF THE APPLICANT FOR RECEIVING MONETARY ASSISTANCE UNDER THE SCHEME: (To be Supported by **Document B** in the Notification):

(a) Bank Account No: .....

(b) Bank name: .....

(c) Bank branch: ..... (d) IFSC code: .....

13. DO YOU BELONG TO ANY OF THE FOLLOWING CRITERIA? (Please tick Yes/No)

(a) Is any member of your family a Government Employee? Yes/No

(b) Does any member of your family receive Government Pension? Yes/No

(c) Does any member of your family pay income tax/GST/Professional Tax? Yes/No

14. DECLARATION AND CONSENT (Yes/No):

(a) I do hereby declare that I am a bona-fide citizen of India and I am a domicile of the State of Manipur.

(b) I do hereby declare that I am the main bread earner of my family.

(c) I do hereby declare that I or any other member of my family have/have not submitted any other application either offline or online for the same scheme.

(d) I do hereby give my consent for the use of my AADHAAR number for the purpose of this scheme.

(e) I do hereby declare that all the information submitted by me are true to the best of my knowledge and that I will be liable to be punished under the relevant provisions of law in case of submission of false or misleading information.

(f) Documents enclosed:

Document A

Document B

Date:

Signature of applicant:

Place:

.....

**FOR OFFICIAL USE:**

Information submitted by applicant (name ..... application no. .... ) is verified and found correct / verified and found incorrect. Recommended for providing assistance under the scheme.

Signature: .....

Name & designation of official: .....

.....

.....

**Annexure 1: Occupations / professions considered under Application Form 1.0**

Occupation / Profession	Supporting document ( <b>Document A</b> )
Street Vendor / Licensed Vendor	Street Vendor card/list of Municipalities or District Councils
Public Transport Driver (Autorickshaw, Cycle Rickshaw, Tata Magic, Winger, Bus)	Permit for public transport issued by Transport Dept./Municipalities/District Councils
School Van Driver	School Van Permit/Certificate issued by Transport Department / School Authority concerned
Artists / Performing Artistes	Beneficiary list of Chief Minister's Artistesingi Tengbang (CMAT)

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**FOR OFFICIAL USE: ACKNOWLEDGEMENT OF RECEIPT**

No.....

Received a filled in application form in connection with Chief Minister's COVID-19 Affected Livelihood Support Scheme from .....  
..... (name of applicant) on ..... (date)

(Signature of Receiving Authority)

Name:.....

Designation:.....

**CERTIFICATE**

(FOR PUBLIC TRANSPORT DRIVERS- Autorickshaw/  
Cycle Rickshaw/Tata Magic/Winger/Bus)

This is to certify that Self or Shri/Smt/Km .....  
SO/DO/WO: ..... of .....  
..... (Address) is the driver of my  
vehicle ..... (type) with registration No. ....

It is further certified that my vehicle is used in Public Transport and is currently  
operating from ..... to ..... (Route) with  
the permit No. .... issued by Transport Department, Government  
of Manipur/ ..... (Local Body).

It is further certified that the above information is true to the best of knowledge and  
I shall be held responsible for furnishing false information, if found incorrect.

Date: .....

Place: .....

Signature :  
Name (Owner):  
SO/DO/WO :  
Address :  
Contact No. :

**CERTIFICATE**  
(FOR SCHOOL VAN DRIVER)

This is to certify that Shri/Smt/Km .....  
SO/DO/WO: ..... of .....  
..... (Address) is the driver of  
..... (type of vehicle) with registration No. ....

It is further certified that the said vehicle is operating as a "School Van" and is carrying students of this school for the last ..... years.

It is further certified that the above information is true to the best of knowledge and I shall be held responsible for furnishing false information, if found incorrect.

Date: .....

Place: .....

Signature :

Name :

Designation :

Name of School:

Address of School:

Office Seal :

Contact No. :