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.)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name (only persons above 18 years of age to be listed)</th>
<th>Age in years</th>
<th>Relationship with Applicant</th>
<th>AADHAAR No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: .............................................................................................................................
Annexure 1: Occupations / professions considered under Application Form 1.0

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