



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. |
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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 (Document A) |
|---|---|
| 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:.....