GOVERNMENT OF MANIPUR
DIRECTORATE OF TRIBAL AFFAIRS & HILLS
*****

APPLICATION FORM FOR REARING OF PIGLETS (PIGGERY)
FOR FINANCIAL YEAR 2026-2027

(Please read the Application Form carefully and fill up in **BLOCK LETTERS** only. Avoid overwriting in the Application Form. One applicant may apply for one Scheme only during a year).

1. Name of the applicant: ……
2. Age:…… 3. Gender……
4. Father/Mother name:……
5. Address:
   i). Village: ……
   ii). Block: ……
   iii). Sub-Division:……
   iv). District:……
6. Aadhar No. of the applicant: …….. (*Enclose copy of Aadhar Card*)
7. Total annual Income of the family (*in Rs*):…….. *(Enclose Income Certificate)*
8. Name of Tribe: …… *(Enclose copy of ST Certificate)*
9. Occupation of the applicant: ……
10. Whether the applicant is a widow/widower/orphan: ……
    (Claim of widow/widower/orphan has to be certified by Vill. Authority/Chief/Headman/any Gazetted Officer)
11. Whether the applicant is Differently abled: Yes/ No…… *(If yes, enclose Certificate)*
12. Assistance, if any, received from Govt. in the past:
    (i) Name of the Scheme: ……
    (ii) Amount/material received: …… (iii) Year: ……
    (iv) Department: ……
13. Bank Account details of the applicant:
    i) Aadhar linked Bank Account No.: ……
    (ii) IFSC Code ……
    (iii) Bank Branch: …… *(Enclose copy of Bank Passbook/ cancelled Cheque).*

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 application may be cancelled; and I am liable to be prosecuted under relevant provisions of Bharatiya Nyaya Sanhita (BNS) or any applicable law for the time being in force.

Date:
Place:

Signature/thumb Impression of the applicant

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RECOMMENDATION OF THE SCREENING COMMITTEE

A. Applicant is recommended for the Scheme
B. Applicant is not recommended for the Scheme

Place:
Date: