

**FORM No.....**

For details, please visit -  
[www.dhtmanipur.com](http://www.dhtmanipur.com) or  
[www.dhtmanipur.mn.gov.in](http://www.dhtmanipur.mn.gov.in)

**GOVERNMENT OF MANIPUR  
DIRECTORATE OF HANDLOOMS & TEXTILES**

**APPLICATION FORM FOR STATE AWARD  
To outstanding master-crafts persons  
FOR THE YEAR, 2025-26**

Affix two pass port  
size photographs  
attested by a  
gazetted officer

1	Name of the Applicant (in block letter)	:	
2	Male/Female	:	
3	Full Postal address	:	
	(a) District	:	
	(b) Contact No.; if any	:	
4	Date of birth (in Christian era) & Age as on 31-03-2021 (enclose certificate)	:	
5	Father's/ Husband's name	:	
6	Educational Qualification (enclose certificate)	:	
7	Bank Account No. with IFSC Code of the Artisan	:	
8	Name of the Craft Practiced & Training Centre/Institute from where he or she has acquired the Craft practiced	:	
9	Name of the Guru or teacher from whom the crafts person got knowledge/training	:	
10	<b>Name &amp; Description/Brief Note (not more than 2 pages)</b> of the Craft sample (s) submitted in separate sheets either in English or Manipuri <b>duly signed by the applicant/artisan</b> along with photographs (at least 3/4) of raw materials being used, initial stage, middle stage and final stage, etc.	:	
11	Price of the Craft sample(s) commensurately with the workmanship vis-a-vis the raw materials, etc.	:	Sample (i) Rs...../- Sample (ii) Rs...../-, if any
12	Has the artisan participated in any Handicraft Mela/Fair/Exhibition? (enclose certificate)	:	
13	Has the artisan demonstrated in any Crafts Demonstration programme conducted by the State HL & Textile Dept./State HL & HC Corporation/DC (H) office? (enclose certificate)	:	
14	Whether <b>any award/prize received earlier; if any, give details</b>	:	
15	Has the artisan imparted training organised by the State HL & Textile Dept./State HL & HC Corporation/DC (H) office? If yes, state the number of crafts-persons so far trained.	:	
16	Whether UAM filed, if yes, mention the UAM No.	:	

17	Attach certificate from the concerned Jilla Parishad Member/Ward Commissioner/Pradhan/Member to the effect that the sample is the actual product of the applicant as per format attached at <b>Appendix - A</b>	:	
18	Monthly income earned through the crafts practiced (Approx)	:	
19	State number of days taken for making the craft sample submitted for the State Award	:	
20	Are there any publication(s)/paper(s) to his/her credit? If yes, attach copy of the same	:	
21	State the social category viz, Gen/OBC/SC/ST/Minority (enclose certificate other than General category)	:	
22	Whether physically challenge; <b>YES OR NO</b>	:	
23	Any other information of the craftsman, if any	:	

Place:

Date:

**Signature of Applicant**

### **DECLARATION**

I, Shri/Smt/Km .....S/o,D/o,W/o .....

do hereby declare and undertake that the item(s) of craft submitted by me for State Award has been prepared solely by me. I also undertake that I will not claim to recollect/take back the crafts sample (s), if my sample is selected for State Award. I also further undertake that any of the above statement/information is found false, I shall be liable for the action as deemed fit against me by the competent authority.

Full Name of the Craftsman :

Place & Date :

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Note: (a) Incomplete form will be rejected without giving notice to the applicant

(b) Documents attached should be attested by a Gazetted Officer



“TO WHOM IT MAY CONCERN”

Certified that Shri/Smt/Km .....  
S/o,D/o,W/o Shri/Smt .....  
a resident of .....  
is known to me for the last .....years. He/She has been practicing the craft of  
..... for the last ..... years and craft sample (s) submitted by  
him/her for the State Award competition for the year 2022-23 has been solely prepared by  
him/her.

He/She is not related to me.

Date :

Place :

Signature :

Name :

Designation :

Seal :

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