FORM No.....For details please visit

## GOVERNMENT OF MANIPUR DIRECTORATE OF HANDLOOMS & TEXTILES

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## **APPLICATION FORM FOR STATE AWARD**

To outstanding master-crafts persons FOR THE YEAR, 2022-23

Affix two passport size photographs attested by a gazetted officer

1	Name of the Applicant (in block letter)	:	
	Traine of the Applicant (in block lotter)	•	
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	:	
	(enclosed certificate)		
5	Father's/ Husband's name	:	
6	Educational Qualification (enclose certificate)	:	
7	Name of the Craft Practiced & Training Centre/Institute from where he or she has acquired the Craft practiced	:	
8	Name of the Guru or teacher from whom the	:	
9	craftsperson got knowledge/training  Name & Description/Brief Note (not more than 2)	:	
9	pages) of the Craft sample(s) submitted. in separate	•	
	sheets either in English or Manipuri <i>duly signed by the</i>		
	applicant/artisan along with photographs (at least 3/4)		
	of raw materials being used, initial stage, middle stage		
	and final stage, etc.		
10	Price of the Craft sample(s) commensurately with the workmanship vis-a-vis the raw materials, etc.	:	Sample (i) Rs
11	Has the artisan participated in any Handicraft	:	Sumple (ii) 103
	Mela/Fair/Exhibition? (enclose certificate)		
12	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)		
13	Whether <i>any award/prize received earlier</i> , if any, give	:	
	details		
14	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.		
15	Whether UAM filed, if yes, mention the UAM No.	:	
16	Attach certificate from the concerned Jilla Parishad	:	
	Member/Ward Commissioner/Pradhan/Member to the		
	effect that the sample is the actual product of the		
17	applicant as per format attached at Appendix-A		
17	Monthly income earned through the crafts practiced (Approx.)	:	
18	State number of days taken for making the craft sample	:	
	submitted for the State Award 19	Ĺ	

19	Are there any publication(s)/paper(s) to his/her credit? If	:	
	yes, attach copy of the same		
20	State the social category viz, Gen/OBC/SC/ST/ Minority	:	
	(enclose certificate other than General category)		
21	Whether physically challenge, YES OR NO	:	
22	Any other information of the craftsperson, if any	:	

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Date: Signature of Applicant

## **DECLARATION**

Full Name of the Craftsperson:

Place & Date :

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 for the last years. I	He/She has been practicing the craft
of for the last yea	ars and craft sample(s) submitted by
him/her for the State Award competition for the year 202	2-23 has been solely prepared by
him/her.	
He/She is not related to me.	
Date:	
Place:	
	Signature :
	Name :
	Designation:
	Seal :