## SPECIMEN APPLICATION FORMAT FOR PAYMENT OF UNEMPLOYMENT ALLOWANCE TO THE EDUCATED UNEMPLOYED PERSONS WITH DISABILITIES

1. Name of the Applicant:			
(in block letters)	1111	<del>                                     </del>	Paste your
Farst-Open control 1			Recent passpo
2. Father's Name:	Ш		size Photograph
To Femily Income			here
3. Mother's Name:			1 -
In Casa Exercised search in terms			
Address (Residential Proof Certificate)			
5. Telephone/Mobile No.:			
6. Date of Birth: (Age proof certificate)			
7. Gender: Male/Female/Transg	ender [Indicate	by the tick mark ( ) in	the appropriate box]
8. Marital Status: Married/Unma	arried		
9. Category: (General/S	ST/SC/OBC)		
10. Whether Registered in Special If Yes, Registration no:	and the second second	Exchange: ne of Special Employment	
Year of registration:	rkontect (2 nr.) er poolicens is t	Date of registration:	v staronenia
(Photo Copy of Employment 11. Educational Qualification:	Exchange Regis	stration Card to be enclose	d)
Name of Institute	Class	Year of Passing	Division
1965 Marki		Appendix of the	

(Enclosed Photo copy of relevant certificates in support of the above statement)

12. Whether Disability Certificate issued by	Competent Authority has been obtained (Yes/No)
If yes, certificate no.	Degree/percentage of disability:
(Attach Photo copy of disability certific	ate)
	and the statement of the second
13. Family Income:	
14. Last Examination Certificate from the S	chool/Institution to be enclosed.
15. Job seeking Certificate (certified by any	Employment Exchange Officer to be enclosed):
Yes/No)	. Foat o person this is a state of games
16. Bank details of the applicant :	Liber CV about the control of the control with
i) Name of the Bank Branch :	
ii) Bank Account No.	
iv) IFSC Code No.	amain: Autoropy
v) Aadhar No.	ashing Saginta on Cartas, tab a dong
(A photocopy of Bank details & Aac	lhar Card should be enclosed)
	CLARATION TO BE SEEN ASSESSMENT OF THE SERVICE OF T
	ements mentioned above are true, correct and
· ·	nd belief. I understand that in the event of any
information being found false or incorrect a	t any stage or not satisfying the eligibility criteria

according to the requirements my applicant is liable to be cancelled. I undertake to abide by

Signature of the applicant.

the terms and conditions given by the Department.

Dated:

Place:

## ELIGIBILITY CRITERIA OF UNEMPLOYMENT ALLOWANCE TO PERSONS WITH DISABILITIES

- 1. The payment of unemployment allowance will be applicable to all categories of disabilities except Intellectual Disabilities as specified in the Rights of Persons with Disabilities Act, 2016. The persons with disability should have minimum qualification of Matriculate and registered with Special Employment Exchange for more than two years and could not be placed in any gainful occupation. The person with disability shall be in the age group of 18-48 years.
- (i) Nationality:-A disabled person applying for unemployment allowance shall be a Manipuri by birth or a person who has settled in the state for at least 10 (ten) years.
  - (ii) The annual family income of the disabled person applying for Unemployment Allowance should not be more than Rs.1,80,000/-(Income certificate to this effect will have to be submitted)

## 3. DOCUMENTS TO BE ENCLOED:

- (i) Disability Certificate (issued by the Competent Authority)
- (ii) Last examination pass certificate.
- (iii)Photo copy of Special Employment Exchange Registration Card and Job seeking certificate.
- 4. The intending educated person with disability should apply for the allowance every year.