

APPLICATION FORM FOR RECEIVING OFFLINE APPLICATION-
“PROVIDING TRADITIONAL INSTRUMENTS, ORNAMENTS, DRESSES ETC.
TO TEA TRIBES AND ADIVASI CULTURAL TEAM/GROUPS”.

TO,

The Director
Tea Tribes & Adivasi Welfare, Assam
Rupnagar, Guwahati-781032

1. **Name of the Cultural team/group** :
2. **Address of the Cultural team/group**
 - (a) Name of the Village/Town :
 - (b) Tea Garden Line No. and Name :
 - (c) Post Office :
 - (d) Police Station :
 - (e) LAC :
 - (f) Sub-Division :
 - (g) District :
 - (h) Pin Code :
 - (i) Contact No. :
3. **Total member of the Cultural team/group** :
(shall comprise of minimum 10 members)
4. **Proof of existence/achievement etc. if any** :
5. **Cultural team/group Account details**
(Should have joint signatory provision):
 - Name of the Bank and Branch :
 - Account No. :
 - IFS Code No. :
 - (Attach copy of the passbook showing account No.) :

6. Undertaking that all the members belong to Tea Tribes & Adivasi Community

We, the members of -----

Cultural team/Group hereby affirm that we belongs to Tea Tribes & Adivasi Community

and if found otherwise, we shall be liable for action under the existing law.

Date: -----

Name & Full Signature of all the members:-

Sl. No.	Full Name	Sign.	Sl. No.	Full Name	Sign.
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

7. Group Photo of the cultural team/Group:

Affix Group photo of the cultural team/Group

**Signature of the Cultural team/group
(President/Secretary)**

8. Recommendation Letter from Local MLA/Guardian Minister:

This is to certify that-----
Cultural team/groups of Tea Garden-----,
LAC-----District..... belongs to Tea Tribes &
Adivasi Community established in the year----- . I recommend that the Cultural
team/groups as eligible to avail the financial assistance ascertaining the
correctness/genuineness of the Cultural team/groups under the scheme "Providing
Traditional Instruments, Ornaments, Dresses etc. to Tea Tribes & Adivasi Cultural
team/groups" for the financial year-----

**Seal & Signature of
Local MLA / Guardian Minister**

Sl. No.

Date: _____

FOR OFFICE USE

The application of Cultural team/groups of
Tea Garden, District has been
found in order/ defective.