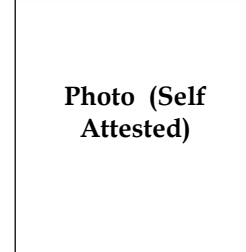




**KALA SAMMAN (FINANCIAL ASSISTANCE) SCHEME**  
**APPLICATION FORM FOR 2019-20**

To,  
The Director,  
Directorate of Art & Culture,  
Sanskriti Bhavan, Patto,  
Panaji- Goa.



Sir,

I, the undersigned would like to request you to kindly consider my case under the 'Kala Samman Scheme' during 2019-20. The necessary details are submitted herewith for your favourable consideration.

1. Full Name **(In Capitals)** : \_\_\_\_\_
2. Permanent Residential Address : \_\_\_\_\_  
\_\_\_\_\_
3. Constituency : \_\_\_\_\_
4. Taluka : \_\_\_\_\_
5. Gender (Male/Female) : \_\_\_\_\_
6. Telephone No. /Mobile No. : \_\_\_\_\_
7. (i) Date of Birth : \_\_\_\_\_  
(ii) Age as on last date of  
Submission of application : \_\_\_\_\_  
**(Attested copy of Birth Certificate to be attached)**
8. Caste ( Gen/ S.C./ S.T./ O.B.C.) : \_\_\_\_\_  
**(Attested copy of Caste Certificate to be attached)**
9. Aadhaar Card No. : \_\_\_\_\_  
**(Attested copy of Aadhaar Card to be attached)**
10. (i) Name & Address of Bank : \_\_\_\_\_  
**(Scheduled/Nationalized bank)** \_\_\_\_\_  
\_\_\_\_\_  
(ii) Branch of the Bank : \_\_\_\_\_  
(iii) Individual Bank Account No. : \_\_\_\_\_  
(iv) IFSC code of Bank : \_\_\_\_\_  
(v) MICR code of Bank : \_\_\_\_\_  
**(Photocopy of bank passbook along with statement of last financial year to be attached)**
11. Field of Work/Art : \_\_\_\_\_

12. Particulars of Significant work done in the field of Music/ Dance/Drama/ Folkart / Painting / Sculpture/ Literature / Kirtan / Photography, etc.

**Brief write up of the outstanding work done to be attached separately giving information such as Name of Guru/ Teacher, Details of Performances/Shows, Photos, Certificates, Paper Cuttings, etc. if any may also be attached.**

13. Present Occupation of applicant (if any): \_\_\_\_\_

14. Annual Income of artist from all sources: Rs. \_\_\_\_\_ per annum.  
**(Original Income certificate issued by the competent authority to be attached).**

15. Details of number of persons wholly dependent on the applicant:

| Name & Contact No. | Age | Relationship with applicant | Marital status | Occupation | Income per month |
|--------------------|-----|-----------------------------|----------------|------------|------------------|
| 1                  | 2   | 3                           | 4              | 5          | 6                |
|                    |     |                             |                |            |                  |
|                    |     |                             |                |            |                  |
|                    |     |                             |                |            |                  |

16. Particulars of any recognition of distinction received from Govt. or any prominent literacy/ Arts society such as State Cultural Award, Kala Gaurav, any felicitation by State or Central Govt. or any cultural organization/ institution.  
**(Photocopies of relevant documents if any to be attached)**

17. Whether the Applicant is in receipt of any other **Grant/ Pension/ Financial Assistance under any scheme of local body, Govt. of India/ State Govt.** and if so details thereof  
**(Photocopies of relevant documents if any to be attached)**

18. Whether the Applicant is a recipient of **Dayanand Social Security Scheme** of the Directorate of Social Welfare/ beneficiary of Provedoria  
**(Please give details)**

19. Details of two persons/ institutions who have technical knowledge of the applicants work and who will be in position to justify the work done.

| Sr. No. | Name & Address | Telephone No. | Signature |
|---------|----------------|---------------|-----------|
| 1.      |                |               |           |
| 2.      |                |               |           |

**\* Mandatory to attach letters from the above two persons / institutions.**

20. Any other relevant information:

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I, solemnly declare that the information furnished herein is correct to the best of my knowledge. In case of any false statement made by me herein above, I give an undertaking to the Government to refund the amount if any received by me. I will abide by all the terms and conditions of the Dept. related to the scheme if the Samman is conferred on me.

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**Signature / L.H.T.I.**  
&  
**Name of the applicant**

Date:

Place:

**Documents mandatorily to be enclosed to the form:**

1. Passport sized **Photograph** (self attested) to be pasted on the form (**One**).
2. Attested copy of **Birth Certificate/School leaving certificate** or **Baptism Certificate** may be attached. It may be noted that Date of Birth mentioned on Aadhaar Card shall not be considered as age proof.
3. **Caste Certificate** as per clause 8.
4. Self-attested copy of **Aadhaar Card** as per clause 9.
5. Photocopy of the **bank passbook** along with statement of last financial year as per clause 10.
6. A **resume/bio-data/work proof** of significant work done in the field with photos if any as per clause 12.
7. **Income Certificate** issued by the competent authority as per clause 14.
8. **Letter of references (original copies)** by two known persons or institutions from the field of Art & Culture (Should be same as per the references given in the table as per clause 19).
9. The applicants who have completed **60 years of age** on the last date of submission of application are eligible to apply under the scheme.
10. The **Annual Income of Artist** from all sources should not exceed **Rs.48,000/- per annum**.
11. Last date of submission of filled application form along with all enclosures is **July 5<sup>th</sup> 2019 (05/07/2019)**.
12. Any other related documents like certificates, photos, paper cuttings, etc.

**Please Note: If the above information given by the applicant is found to be false in future, strict action will be initiated against him/her and recovery will be made with a penal interest @ of 9% p.a. from the date of release of financial assistance.**

**UNDERTAKING**

I, Shri./Smt. \_\_\_\_\_  
aged \_\_\_\_\_ years, r/o \_\_\_\_\_ hereby state  
that if I am benefited under the Kala Samman Scheme of this department then I take the  
responsibility to discontinue the financial assistance I am getting under Dayanand Social  
Security Scheme of the Social Welfare Department. I give an undertaking to refund the  
entire amount to the Government if the information given by me is found to be false or  
incorrect in near future.

Name & Signature:-----

Place:

Date: