

For Free Distribution



Directorate of Art and Culture

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Sanskriti Bhavan, Patto, Panaji-Goa.

KALAKAR KRITADNYATA NIDHI SCHEME **APPLICATION FORM**

Photo
of
Applicant

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

Sir,

I, the undersigned would like to request you to kindly consider my case under the 'Kalakar Kritadnyata Nidhi Scheme'. The necessary details with regards to me are submitted herewith for your kind perusal.

1. Applicant Name (In Capitals) : _____

2. Permanent Residential Address : _____

3. Taluka : _____ 4. Constituency: _____

5. Telephone No. (if any) : _____ Mobile No. _____

6. Date of Birth : _____

(Birth Certificate in Original / Attested copy to be attached)

7. Caste (Gen/ S.C. / S.T. / O.B.C.) : _____

(Caste Certificate to be attached)

8. Field of Art : _____

9. Particulars of Significant work done in the field of Music/ Dance/

Drama/ Folk-art/ Painting/ Sculpture/ Literature/ Kirtan/ Photography

etc. (testimonials in proof of the outstanding work done to be attached, if

required a separate sheet may be attached. _____

Cont..2/..

10. Financial Assistance Sought under: (Tick where required)

- a) Medical Treatment
- b) Marriage of daughters
- c) Compensation towards Natural Calamities.
- d) Funeral of the Artist.
- e) Scholarships / Incentives.
- f) Incentives for Self Employment.
- h) Lumpsum Grant.

11. Present Occupation of applicant (if any): _____

12. Annual Income from all sources: Rs. _____ per annum.

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

Name	Age	Relationship with applicant	Marital status	Occupation	Income per month
1	2	3	4	5	6

14. Whether the applicant is in receipt: _____
Of grants /Financial Assistance for _____
any other Government body for _____
the same purpose. _____
(If Yes give details) _____

15. Whether the Applicant is in receipt: _____
of Kala Sanman(F.A),State Award, _____
Kala Gaurav, State Reward. _____

16. Recommendation from two persons/ institutions who have technical knowledge of the applicants work and who will be in position to justify the work done.
(Recommendation letter to be attached)

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

17. Amount of Financial Assistance Proposed: _____

18. Whether previously availed financial assistance under the Kalakar Krittadnyata Nidhi Scheme. Yes / No.

If Yes:

Give purpose of which it was sanctioned, date and Amount.

19. Any other relevant information:

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 Govt. to refund the amount if any received by me. I will abide by all the terms and conditions of the Deptt. related to the scheme if the assistance is conferred on me.

Signature & Name of the applicant

Date:

Place:

Documents to be enclosed to the form:

1. Medical.
 - a) Estimate of expenditure from the authorized doctor / hospital.
 - b) Undertaking.
2. Marriage of daughter.
 - a) Details of dependent family duly attested by Gazetted Officer
 - b) Dependency Certificate.
3. Compensation towards Natural Calamities.
 - a) Valuation report from concerned Taluka Mamlatdar.
 - b) Undertaking.
4. Funeral of the Artist.
 - a) Doctor Certificate certifying the death of the Artist.
5. Scholarships / Incentives.
 - a) Documentary proof of admission in the educational institutions.
6. Incentives for Self Employment.
 - a) Non- efficiency certificate from Gazetted Officer.
 - b) Estimate of the Self Employment venture from competent authority.
 - C) Undertaking.
7. Lumpsum Grant.
 - a) Death Certificate /Marriage Certificate.
 - b) Family dependent.
 - c) Income certificate.
 - d) Undertaking.



- **Terms & conditions under Kalakar Kritadnyata Nidhi Scheme**

The following shall be the eligibility conditions under Kalakar Kritadnyata Nidhi

- a. Any Goan aged needy Artist, born and brought up in the state of Goa and recognized by the Directorate of Art & Culture, Government of Goa or his/her family will be eligible.
- b. The Annual family income from all the sources should not exceed Rs. 2,00,000/- per annum except under Lump sum grant where in the annual family income limit shall be Rs. 25,000/-.
- c. The age limit for grant of the benefits shall be not less than 50 years in case of the eligible artist; however, the Government may relax the age criteria for deserving cases under special circumstances.
- d. All the relevant documentations like birth certificate, Marriage certificate, dependency certificates, income certificates, medical certificates etc issued by the competent authorities as may be required under various objectives of the scheme shall have to be enclosed failing which the applications shall be summararily rejected.

The financial assistance shall be sanctioned to the Aged Needy Goan Artists and the dependent family in indigent circumstances for the following:

1. MEDICAL TREATMENT
2. MARRIAGE OF DAUGHTERS
3. COMPENSATION TOWARDS NATURAL CALAMITIES
4. FINANCIAL ASSISTANCE FOR FUNERAL OF THE ARTIST
5. SCHOLARSHIPS/ INCENTIVES
6. INCENTIVE FOR SELF EMPLOYMENT
7. LUMPSUM GRANT