

PROFORMA FOR ID CARD

Election Photo ID Card No.

1. First Name _____ Last Name _____

2. Father / Spouse Name _____

3. Category(Gen./SC/ST./OBC/Minority) Date of Birth _____ Sex : Male/Female

4. Address _____
Contact No. _____

5. Edu. Qualification (Passed) : Nil/Below 10th /above

6. Crafts Practiced : carpet & other floor coverings/Art Metalware/ Woodwares/
Hand printed/Textiles scarves/ Embroidered & Crocheted goods/
Shawls as artware/Zari & Zari goods/ Imitation jewellery
Cane & Bamboo/ Misc.

7. Annual Income with the craft practiced (in Rs) _____

8. Income from other sources: Agriculture / others.

9. Family details : (Family Consists of artisans, his/her spouse & dependent minor children only)

i) Member name Age : Sex : Male/Female

ii) Member name Age : Sex : Male/Female

iii) Member name Age : Sex : Male/Female

iv) Member name Age : Sex : Male/Female

10. Name of Unit

Registered: Yes/No

Registration Number: _____

Year of registration : _____

Turn Over : Below 1 Lakhs / 1.5 Lakhs / above 5 Lakhs

Satus of the Unit : Working unit / Non-working unit

Total Artisans employed : _____ (Hired _____/household member self employed) _____

11. Sources of working Capital :

- Commercial Bank
- Other Financial Institutions (minority Finance Corpn./SC/ST.Fin. Corpn./backward Class fin.Corpn/SIDBI/NABARD/ICICI)
- Self

12. Annual requirement of working capital (in Rs.) _____

13. channels through which products manufactured are sold :

- Whole Sellers/ Retailers/Traders
- Sales to Central Corpn. (CCIC/HHEC)/ sale to state

Signature / Thumb impression

- Corporation Apex societies/Others(Urban Haat/Dilli Haat)
- Sale in Nation Expo's/ Craft Bazar/ Exhibition/ National/state/Dist.melas
- Export (Direct) (in Direct)

14. Bima Yojana : Yes / No

15. Whether holding Credit Card Yes / No
 If yes, specify type ACC _____/SCC _____/Other _____

16. Status : National Awardee / State Awardee /Shilp Guru / NMC/SMC/ Any other

17. Whether artisans is also a member of Producer / organization : Yes / No
 If yes, please specify SHG/ Fedaration or Association of SHGs?Producer Group/ Other (Co Operative Society/ Producer / Company etc.)

18. Assembly Constituency No.

19. Polling Station No.
 (Please tick the appropriate reply)
 (if more than one option is applicable then all such options are to be ticked)
 All field with is **mandatory** and **optional**