



GOVERNMENT OF ASSAM
OFFICE OF THE PRINCIPAL SECRETARY

MISING AUTONOMOUS COUNCIL: GOGAMUKH: DHEMAJI: ASSAM

Email Id: misingautonomouscouncil@gmail.com / macassam2020@gmail.com

No. MAC/GC/SW/16/ANUKOMPA/567/3

Date: 30/09/2026

NOTIFICATION

(For Providing Financial Assistance to Specially Abled Persons under the Scheme titled "ANUKOMPA")

In pursuance of the approval of the Hon'ble Chief Executive Councillor, Mising Autonomous Council, and the resolution adopted in the 25th Executive Council Meeting of the Interim Committee, the Mising Autonomous Council is pleased to provide Financial Assistance to eligible persons belonging to the MAC-notified villages, who are **Specially Abled** and **below the age of 70 years**, subject to fulfilment of the prescribed eligibility criteria and submission of the required documents.

Eligibility Criteria

1. The applicant must be a permanent resident of an MAC-notified village area.
2. The applicant must be a **Specially Abled Person** having a valid **Disability Certificate / UDID Card** issued by the competent authority.
3. Persons who have attained the age of 70 years and above shall not be eligible under this scheme, as such persons are covered under the Financial Assistance Scheme titled "Ané – Abu Ayang / Nébu Ayang."

Documents Required

The applicant shall submit the following documents along with the prescribed application form:

1. Proof of Age/Date of Birth – Self-attested photocopy of Aadhaar Card, Voter ID Card, or any other valid document indicating the date of birth/age.
2. Disability Certificate/UDID Card / Gaon Pradhan Certificate.
3. Bank Account Details – Copy of the applicant's bank passbook/cancelled cheque showing the account details.
4. Recent Passport-size Photograph of the applicant
5. Recent full-length photograph(s) of the specially-abled applicant with clear visibility and identification of the applicant. Proof of Residence establishing residence within an MAC-notified village.

Last Date and Place of Submission

The duly filled-in application form along with all required documents shall be submitted on or before **12/10/2026 by 05:00 PM** at the **"Office of the Principal Secretary, Mising Autonomous Council, Gogamukh, Dhemaji, Assam"**.

Applications received after the stipulated date and time shall not be considered. All **Hon'ble Executive Members and General Members** are requested to kindly circulate and disseminate the information among the eligible beneficiaries within their respective constituencies for wider public awareness and participation.

Memo No.:- **MAC/GC/SW/16/ANUKOMPA/567/3(A)**

Copy to:-

1. The Chairman, MAC, Gogamukh for kind information.
2. The Chief Executive Member, MAC, Gogamukh, for kind information.
3. All Honourable Executive Member/General Member, MAC, Gogamukh, for kind information.
4. The Deputy Secretary (F) MAC, for information.
5. Office Copy


Principal Secretary
Mising Autonomous Council
Gogamukh, Dhemaji
Date-30/09/2026


Principal Secretary
Mising Autonomous Council
Gogamukh, Dhemaji



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APPLICATION FORM

(For Providing Financial Assistance to Specially Aabled Persons under the Scheme titled "ANUKOMPA")

Application No.: _____ Date of Application: ____ / ____ / 2026	PASSPORT PHOTO
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A. Personal profile:

1. Name of Applicant (In BLOCK LETTERS):
2. Father's / Husband's / Guardian's Name :
3. Date of Birth: (DD/MM/YYYY) : ____ / ____ / ____
4. Age as on 30/09/2026: : _____ Years
5. Mobile No.: :
6. Aadhaar No. : :
7. Full Residential Address: Village: _____ P.O.: _____ P.S.: _____ District: _____ PIN: _____
8. Name of MAC-Notified Village:
09. Name & No. of MAC Constituency / Area:
10. Bank Account Holder's Name:
11. Bank Name & Branch:
12. Account Number:
13. IFSC Code:

B. DECLARATION

I _____ hereby declare that the information and the documents furnished by me in this application is correct and complete to the best of my knowledge and belief. In the event of any information provided by me is found false or incorrect, my candidature/ application for the assistance is liable to be rejected without any notice.

Place:	Signature / Thumb Impression of Applicant
Date: ____ / ____ / 2026	

C. Verification by Executive Member / General Member of MAC

This is to certify that the applicant Sri belongs to my constituency and he/she is known to me. The particulars furnished by the applicant are true to the best of my knowledge and belief. I therefore, recommend his / her candidature for the Scheme of for Providing Financial Assistance to Specially Abled Persons under the Scheme titled "ANUKOMPA".

Date:

(Signature with Seal)

Place;

Name: _____

Constituency: _____

DOCUMENTS CHECKLIST (Self-attested copies)

- ☐ Proof of Age / Date of Birth (Aadhaar / other valid age proof)
- ☐ Disability Certificate/UDID Card;
- ☐ Bank Account Details / Copy of Passbook
- ☐ Passport-size Photograph
- ☐ Proof of Residence (Adhaar card/ Any government-issued ID)

Last Date and Place of Submission

The duly filled-in application form along with all required documents shall be submitted on or before **12/10/2026** by **05:00 PM** at the "Office of the Principal Secretary, Mising Autonomous Council, Gogamukh, Dhemaji, Assam".