

**GOVERNMENT OF MANIPUR  
DEPARTMENT OF SCIENCE & TECHNOLOGY: DIRECTORATE  
OLD LAMBULANE, IMPHAL, MANIPUR-795001**

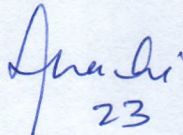
**NOTIFICATION**

Imphal, the 23<sup>rd</sup> September, 2026

No.20/03/2021(HRD)DST: Applications are invited in the prescribed format from the interested Individuals for attending 10 days EDP training on **“Domestic Electrical Fitting etc.”**. The main objectives of the EDP are to impart job-oriented skills on Domestic Electrical Fitting etc., for the educated unemployed youths of the State.

The prescribed application format can be downloaded from the office website at **[www.dst.mn.gov.in](http://www.dst.mn.gov.in)** or obtained from the Directorate of Science & Technology, Old Lambulane, Imphal, Manipur. The last date for online submission of applications is 24/10/2026. Selection of trainees will be made first come first served basis. Target age group is between 18 to 45 years. The Selected trainees will be informed through phone calls or notified on the official website of this Office.

For any enquiry, please contact Shri Moirangthem Chandrakumar, Scientific Officer, Department of Science & Technology (DST), Manipur.

  
23.9.2026  
**(Chingakham Shachi)**  
**DIRECTOR (Sc. & Tech)**  
**Manipur**

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**Not to be published:**

No.20/03/2021(HRD)DST:

Imphal, the 23<sup>rd</sup> September, 2026

Copy to:-

1. The Secretary (S&T), Govt. of Manipur.
2. The Scientific Officer, DDO/HoO (DST), Manipur.
3. The web Manager/CO(DST): He is requested to upload the Notification on the DST website.
4. The Editor, .....  
He is requested to publish this Notice in your esteemed daily as News item in public interest.
5. DST Notice Board.

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Sl. no.....

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**OLD LAMBULANE, IMPHAL- 795001**

**APPLICATION FORM**

Affix recent  
Passport  
photo

Entrepreneurship Development Programme on “**Domestic Electrical Fitting etc.**” Organized and  
Sponsored by Department of Science & Technology, Government of Manipur

1. NAME.....
2. DATE OF BIRTH.....
3. AGE..... GENDER.....
4. FATHER'S/HUSBAND'S NAME.....
5. ADDRESS.....  
.....
6. DISTRICT .....
7. CATEGORY .....
8. MOBILE NO. ....
9. AADHAAR NO. .... (enclose scan copy)
10. EDUCATION QUALIFICATION .....
11. INTERNALLY DISPLACE PERSON (YES/ NO).....  
IF YES, MENTION THE RELIEF CAMP .....  
.....

Signature of Candidate

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**OFFICE USE**

Form No. ....

(Program Coordinator)