



**OFFICE OF THE DISTRICT MAGISTRATE
& COLLECTOR, SUBARNAPUR
{MISSION SHAKTI}**

ନିଶ୍ଚଳ
ଶାନ୍ତି
ସମାଜ ନିର୍ମାଣ | ସମାଜ ଉନ୍ନତି

Letter No. 28 / Mission Shakti

Date: 24 / 04 / 2023.

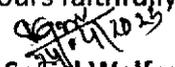
**Inviting Expression of Interest for becoming Agents of OSCSC
for Paddy Procurement during Rabi KMS 2022-23 in
Sonepur Sub- division**

Interested WSHGs/ Federation having the willingness and aptitude for becoming Agents of OSCSC for Paddy Procurement during Rabi KMS 2022-23, are invited to submit their proposal in the mentioned format by 8th May 2023 10 AM. Such willingness shall be submitted to concerned CDPO.

1. Binka Block. A. Mahadevpaipali GP.

N.B: Application format available in Odia & English at DSWO/ concerned CDPO Office & District Portal (Subarnapur.nic.in).

Yours faithfully,

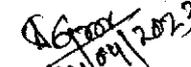

District Social Welfare Officer,
Subarnapur

Memo No. 29 Dt. 24 / 04 / 2023.

Copy forwarded to CDPO, Binka for information and fix the notice in the notice board of Sub-Collector, BDO, CDPO and other Block level officers and also get acknowledgement from AWWs, GPLFs & BLF of the concerned GP after supply of above.

Copy forwarded to the CSO, ACSOs, ARCS, RMCs, SIs & DPM, OLM Subarnapur for information & necessary action.

Copy Forwarded to DIO NIC, Subarnapur with a request to webhost the EOI in District Portal.
Copy submitted to PA to Collector for kind information of Collector & DM, Subarnapur.


District Social Welfare Officer,
Subarnapur

Mission Shakti, Subarnapur.

O/O-DSWO, Collectorate, Subarnapur, Odisha – 767 017.
Email : dpmusub@gmail.com & subarnapur.missionshakti@gmail.com

Application Form

(229)

1. Name of the WSHG/ Federation: _____
2. Name of the applying GP/ Village: _____
3. SHG/ Federation Address (as applicable):
Village _____ Post office _____
GP _____ Block _____
District _____ PIN _____
ICDS Project _____
4. Year of formation: _____
5. Gradation of WSHG/ Federation(A/B): _____
6. Present Livelihood activities: _____
7. PAN of WSHG/ Federation: _____
8. No of members having qualification 10th Pass or more: _____
9. Computer Literacy of DEO: _____
10. Savings Bank Account Number: _____
11. Bank, Branch name _____
12. IFS Code: _____
13. Funds Available in the Savings Bank Account: Rs. _____
14. Bank/ Federation Loan amount & date: Rs. _____ & dt. _____
15. Bank/ Federation Loan repaid: Rs. _____
16. Balance loan amount: _____
17. Whether following activities are practised:
 - (a) Regular Savings (Yes/ No)
 - (b) Meeting Register maintained (Yes/ No)
 - (c) Cash Book maintained (Yes/ No)
 - (d) Internal Loan Register maintained (Yes/ No)
 - (e) Ability to submit security Money (Yes/ No)
18. Contact No: _____

Signature of President
Date:

Signature of Secretary

Acknowledgement

Received the Expression of Interest from _____ SHG / Federation,
_____ on date _____ for Paddy Procurement.

Signature of the CDPO/ Authorised Signatory Date:

ଆବେଦନ ଫର୍ମ

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1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ନାମ : _____
2. ଆବେଦନ କରୁଥିବା ପଞ୍ଚାୟତ/ ଗ୍ରାମର ନାମ : _____
3. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ଠିକଣା :
ଗ୍ରାମ _____ ପୋଷ୍ଟ ଅଫିସ _____
ଗ୍ରାମପଞ୍ଚାୟତ _____ ବ୍ଲକ୍ _____
ଜିଲ୍ଲା _____ ପିନ _____
ଆଇ.ସି.ଡି.ଏସ୍ ଅଫିସ _____
4. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : _____
5. ଗୋଷ୍ଠୀ / ମହାସଂଘର ଗ୍ରାହକ (A/B): _____
6. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜାବିକା : _____
7. ଗୋଷ୍ଠୀ / ମହାସଂଘର ପ୍ୟାନ ନମ୍ବର : _____
8. କେତେଜଣ ସଦସ୍ୟଙ୍କର ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା ଦର୍ଶନ ପାସ/ ତଦୁର୍ଦ୍ଧ : _____
9. ମହିଳା DEOର କମ୍ପୁଟର ଦକ୍ଷତା : _____
10. ଏସଏଚଜିର ଜମାଖାତା ନମ୍ବର : _____
11. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ _____
12. ଆଇଏଫଏସସି(IFSC): _____
13. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. _____
14. ବ୍ୟାଙ୍କ/ ମହାସଂଘ ରକ୍ଷର ପରିମାଣ ଓ ତାରିଖ : ଟଙ୍କା. _____ ଓ ତା: _____
15. ବ୍ୟାଙ୍କ/ ମହାସଂଘ ରକ୍ଷ ପରିଶୋଧ ପରିମାଣ: ଟଙ୍କା. _____
16. ବଳକା ରକ୍ଷ : _____
17. ନିମ୍ନଲିଖିତ କାର୍ଯ୍ୟକଳାପ ବିଷୟରେ :
 - a. ନିୟମିତ ଜମା (ହଁ/ ନା)
 - b. ବୈଠକ ଖାତା ଲିଖନ (ହଁ/ ନା)
 - c. Cash Book ଲିଖନ (ହଁ/ ନା)
 - d. ଆଭ୍ୟନ୍ତରୀଣ ରକ୍ଷାଖାତା ଲିଖନ (ହଁ/ ନା)
 - e. ସିକ୍ୟୁରିଟୀ ଜମା ପାଇଁ ଯୋଗ୍ୟତା (ହଁ/ ନା)
18. ଯୋଗାଯୋଗ ନମ୍ବର : _____

ଦସ୍ତଖତ (ସଭାପତି)

ଦସ୍ତଖତ (ସମ୍ପାଦକ)

ତାରିଖ :

Acknowledgement

Received the Expression of Interest from _____ SHG / Federation,
_____ on date _____ for Paddy Procurement.

Signature of the CDPO/ Authorised Signatory

Date: