



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

ନିଗମ
ଶକ୍ତି
ସମ୍ପଦ ମହିଳା | ସମ୍ପଦ ଓଡ଼ିଶା

Letter No. 72 / Mission Shakti

Date: 03 / 05 / 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 10th May 2023 10 AM. Such willingness shall be submitted to concerned CDPO.

- 1. Sonepur Block.** A. Lachhipur GP (Asurmunda, Lupursingha, Dabapali & Bhursapali village).

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

Yours faithfully,

[Signature]
District Social Welfare Officer,
Subarnapur

Memo No. 73 Dt. 03 / 05 / 2023.

Copy forwarded to CDPO, Sonepur 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.

[Signature]
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

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.

ଆବେଦନ ଫର୍ମ

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.ପି.ଡି.ଏସ୍ ଅଫିସ _____
4. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : _____
5. ଗୋଷ୍ଠୀ / ମହାସଂଘର ଗ୍ରାହକଙ୍କ (A/B): _____
6. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜାବିଦ୍ଦା : _____
7. ଗୋଷ୍ଠୀ / ମହାସଂଘର ପ୍ୟାନ ନମ୍ବର : _____
8. କେତେଜଣ ସଦସ୍ୟଙ୍କର ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା ଦର୍ଶନ ପାସ/ ଡିଗ୍ରୀ : _____
9. ମହିଳା DEOର କମ୍ପ୍ୟୁଟର ଦକ୍ଷତା : _____
10. ଏସଏଚଜିର ଜମାଖାତା ନମ୍ବର: _____
11. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ _____
12. ଆଇଏଫଏସସି(IFSC): _____
13. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. _____
14. ବ୍ୟାଙ୍କ/ ମହାସଂଘ ରକ୍ଷିତ ପରିମାଣ ଓ ଚାରିଖ : ଟଙ୍କା. _____ ଓ ଟା: _____
15. ବ୍ୟାଙ୍କ/ ମହାସଂଘ ରକ୍ଷିତ ପରିଶୋଧ ପରିମାଣ: ଟଙ୍କା. _____
16. ବଳବା ରକ୍ଷ : _____
17. ନିମ୍ନଲିଖିତ କାର୍ଯ୍ୟକଳାପ ବିଷୟରେ :
 - a. ନିୟମିତ ଜମା (ହଁ/ ନା)
 - b. ବୈଠକ ଖାତା ଲିଖନ (ହଁ/ ନା)
 - c. Cash Book ଲିଖନ (ହଁ/ ନା)
 - d. ଆଭ୍ୟନ୍ତରୀଣ ରକ୍ଷିତା ଲିଖନ (ହଁ/ ନା)
 - e. ସିକ୍ୟୁରିଟି ଜମା ପାଇଁ ଯୋଗ୍ୟତା (ହଁ/ ନା)
18. ଯୋଗାଯୋଗ ନମ୍ବର : _____

ଦସ୍ତଖତ (ସଭାପତି)

ଦସ୍ତଖତ (ସମ୍ପାଦକ)

ଚାରିଖ :

Acknowledgement

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

Signature of the CDPO/ Authorised Signatory
Date: _____