ଆବେଦନ ଫର୍ମ

1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ନାମ : _____

2. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘରଠିକଣା :

       ଗ୍ରାମ _____ ପୋଷ୍ଟ ଅଫିସ_____

   ଗ୍ରାମପଞ୍ଚାୟତ_____ ବ୍ଲକ _____

       ଜିଲ୍ଲା _____ ପିନ _____

       ଆଇ.ସି.ଡ଼ି.ଏସ ଅଫିସ_____

3. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : _____

4. ଗୋଷ୍ଠୀ / ମହାସଂଘର ଗ୍ରାଡେସନ (A/B): _____

5. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜୀବିକା : _____

6. ଗୋଷ୍ଠୀ / ମହାସଂଘର ପ୍ୟାନ ନମ୍ବର :_____

7. କେତେଜଣ ସଦସ୍ୟଙ୍କର ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା ଅଷ୍ଟମ ପାସ/ ତଦୂର୍ଦ୍ଧ :_____

8. ଏସଏଚଜିର ଜମାଖାତା ନମ୍ବର: _____

9. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ _____

10. ଆଇଏଫଏସସି(IFSC): _____

11. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. _____

12. ନିମ୍ନଲିଖିତ କାର୍ଯ୍ୟକଳାପ ବିଷୟରେ :

        a. ନିୟମିତ ଜମା (ହଁ/ ନା)

        b. ବୈଠକ ଖାତା ଲିଖନ (ହଁ/ ନା)

        c. Cash Bookଲିଖନ (ହଁ/ ନା)

        d. ଆଭ୍ୟନ୍ତରୀଣ ରଣଖାତା ଲିଖନ (ହଁ/ ନା)

        e. ସିକ୍ୟୁରିଟୀ ଜମା ପାଇଁ ଯୋଗ୍ୟତା (ହଁ/ ନା)

13. ଯୋଗାଯୋଗ ନମ୍ବର : _____

ଦସ୍ତଖତ (ସଭାପତି)   ଦସ୍ତଖତ (ସମ୍ପାଦକ)

                                       ତାରିଖ :

Acknowledgement

Received the Expression of Interest from _____ SHG / Federation,

_____, on date _____ for MDM.

                        Signature of the CDPO/ Authorised Signatory

                        Date:

Application Form

1. Name of the WSHG/ Federation: _____

2. SHG/ Federation Address (as applicable):

   Village_____ Post office_____

   GP_____ Block_____

   District _____ PIN _____

   ICDS Project _____

3. Year of formation: _____

4. Gradation of WSHG/ Federation(A/B):_____

5. Present Livelihood activities: _____

6. PAN of WSHG/ Federation: _____

7. No of members having qualification 8th Pass or more: _____

8. Savings Bank Account Number: _____

9. Bank, Branch name _____

10. IFS Code: _____

11. Funds Available in the Savings Bank Account: Rs. _____

12. 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)

13. Contact No: _____

Signature of President   Signature of Secretary
Date:

Acknowledgement

Received the Expression of Interest from _____ SHG / Federation,

_____, on date _____ for MDM.

Signature of the CDPO/ Authorised Signatory
Date: