



**DISTRICT PROGRAMME MONITORING UNIT  
(MISSION SHAKTI: SUBARNAPUR)  
DSWO SECTION : COLLECTORATE**

ନିଗମ  
**ଶକ୍ତି**

Letter No. 1905 / Mission Shakti

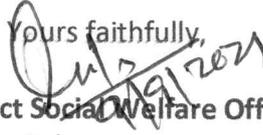
Date: 9/9 /2021.

**Inviting Expression of Interest for eligible WSHGs / Federation  
for Poultry Farms under Animal Husbandry**

Interested WSHGs/ Federation having the willingness and aptitude for Poultry Farms under Animal Husbandry, are invited to submit their proposal before the concerned CDPO in the mentioned below format within 15 (Fifteen) days of this advertisement i.e by 24<sup>th</sup> September, 2021 for Poultry Farms under Animal Husbandry in Subarnapur District.

**N.B:**

1. Application format available at DSWO/CDVO/concerned CDPO Office/ Concerned BVO office & District Portal (Subarnapur.nic.in).
2. The Applicant WSHG/ Federation can get the detailed information on the scheme from the concerned BVO of the concerned block.

Yours faithfully,  
  
District Social Welfare Officer,  
Subarnapur

**Memo No. 1906 Dt. 09/09 /2021.**

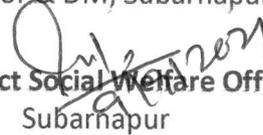
Copy forwarded to all CDPOs for information and fix the notice in the notice board of Sub-Collector, BDO, CDPO and other Block level officers and also get acknowledgement from AWWs, GPLFs & BLF of the concerned Clusters after supply of above.

Copy forwarded to the CDVO, Subarnapur / All BVOs in Subarnapur district & DPM, OLM Subarnapur for information & necessary action.

Copy Submitted to the Project Director, DRDA and all BDOs of Subarnapur for information & necessary action.

Copy forwarded to the DIO, NIC, Subarnapur for information with a request to webhost in the district website for wide publication.

Copy submitted to PA to Collector for kind information of Collector & DM, Subarnapur.

  
District Social Welfare Officer,  
Subarnapur

**DPMU, Mission Shakti, Subarnapur.**  
O/O-DSWO, Collectorate, Subarnapur, Odisha – 767 017.  
Email : [dpmusub@gmail.com](mailto:dpmusub@gmail.com) & [dswosonepur@nic.in](mailto:dswosonepur@nic.in).

## ଆବେଦନ ଫର୍ମ

1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ନାମ : \_\_\_\_\_
2. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ଠିକଣା : \_\_\_\_\_
  - i. ଗ୍ରାମ \_\_\_\_\_ ପୋଷ୍ଟ ଅଫିସ \_\_\_\_\_
  - ii. ଗ୍ରାମପଞ୍ଚାୟତ \_\_\_\_\_ ବ୍ଲକ \_\_\_\_\_
  - iii. ଜିଲ୍ଲା \_\_\_\_\_ ପିନ୍ \_\_\_\_\_
  - iv. ଆଇ.ସି.ଡି.ଏସ ଅଫିସ \_\_\_\_\_
3. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : \_\_\_\_\_
4. ଗୋଷ୍ଠୀ / ମହାସଂଘର ଗ୍ରାହକସନ (A/B): \_\_\_\_\_
5. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜୀବିକା : \_\_\_\_\_
6. ଗୋଷ୍ଠୀ କୃଷି ବିଜ୍ଞାନ କେନ୍ଦ୍ରରେ ବା ଏଫଏଆରଡ଼ି ଦ୍ୱାରା ତାଲିମ ନେଇଛନ୍ତି କି (ହଁ/ ନା) \_\_\_\_\_  
: \_\_\_\_\_ ଯଦି ହଁ ତାହାର ବିସ୍ତୃତ ବିବରଣୀ ଦିଅନ୍ତୁ \_\_\_\_\_
7. କେଉଁ ଗ୍ରାମରେ କରିବାକୁ ଇଚ୍ଛୁକ: \_\_\_\_\_
8. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ \_\_\_\_\_
9. ଆଇଏଫଏସସି(IFSC): \_\_\_\_\_
10. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. \_\_\_\_\_
11. ନିମ୍ନଲିଖିତ କାର୍ଯ୍ୟକଳାପ ବିଷୟରେ :
  - h. ନିୟମିତ ଜମା (ହଁ/ ନା) \_\_\_\_\_
  - i. ଜମା ରାଶି \_\_\_\_\_
  - j. ବୈଠକ ଖାତା ଲିଖନ (ହଁ/ ନା) \_\_\_\_\_
  - k. Cash Book ଲିଖନ (ହଁ/ ନା) \_\_\_\_\_
  - l. ଆଭ୍ୟନ୍ତରୀଣ ରଖିଖାତା ଲିଖନ (ହଁ/ ନା) \_\_\_\_\_
  - m. ରଣ ନେଇଛନ୍ତି କି (ହଁ/ ନା) \_\_\_\_\_  
ଯଦି ହଁ ତାହେଲେ କେତେଥର ରଣ ନେଇଛନ୍ତି \_\_\_\_\_
  - n. ରଣ ପରିଶୋଧ ପ୍ରକ୍ରିୟା (ନିୟମିତ / ଅନିୟମିତ) \_\_\_\_\_
12. ଯୋଗାଯୋଗ ନମ୍ବର : \_\_\_\_\_
13. ଏହି ଜୀବିକା ପାଇଁ ଗୋଷ୍ଠୀର ରେଜୋଲ୍ୟୁସନ ସଂଲଗ୍ନ କରାଯାଇଛି କି (ହଁ/ ନା) \_\_\_\_\_

ଦସ୍ତଖତ (ସଭାପତି) \_\_\_\_\_

ଦସ୍ତଖତ ( ସମ୍ପାଦକ) \_\_\_\_\_

ତାରିଖ : \_\_\_\_\_

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### Acknowledgement

Received the Expression of Interest from \_\_\_\_\_ SHG / Federation,  
\_\_\_\_\_ on date \_\_\_\_\_ for Poultry Farms under Animal Husbandry.

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. Whether the SHG has undergone training at Krishi Vigyan Kendras (KVKs) or by FARD Department on corresponding livelihood activity (YES/No):  
\_\_\_\_\_  
If yes, please mention the Details: \_\_\_\_\_
7. Name of the village where the activity will be taken up: \_\_\_\_\_
8. Bank, Branch name \_\_\_\_\_
9. IFS Code: \_\_\_\_\_
10. Funds Available in the Savings Bank Account: Rs. \_\_\_\_\_
11. Whether following activities are practised:
  - (a) Regular Savings (Yes/ No)
  - (b) Amount of savings (in Rs):
  - (c) Meeting Register maintained (Yes/ No)
  - (d) Cash Book maintained (Yes/ No)
  - (e) Internal Loan Register maintained (Yes/ No)
  - (f) Whether Loan Taken (Yes/ No), if Yes, mention the number of times loan availed \_\_\_\_\_
  - (g) Mode of loan repayment (Regular/ Irregular):
12. Contact No: \_\_\_\_\_
13. Resolution of the SHG to take up the activity is enclosed (Yes/ No): \_\_\_\_\_

Signature of President  
Date:

Signature of Secretary

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\_\_\_\_\_, on date \_\_\_\_\_ for Poultry Farms under Animal Husbandry.

Signature of the CDPO/ Authorised Signatory  
Date: