



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

ନିଶ୍ଚଳ
ଶକ୍ତି

Letter No. 2671 / Mission Shakti

Date: 10 / 12 / 2021.

Inviting Expression of Interest for eligible WSHGs / Federation for Supply of Vegetable, groceries, toiletries and Poultry items in Hostels & Supply of School uniforms for students studying in schools running by ST & SC Development Department

Interested WSHGs/ Federation having the willingness and aptitude for Supply of School uniforms for students studying in schools run by ST & SC Development Department and for Supply of Vegetable, groceries, toiletries and Poultry items in hostels, are invited to submit their proposal before the concerned CDPO in the below format within 15 (Fifteen) days of this advertisement i.e by 22th December, 2021 for Supply of School uniforms for students studying in schools and Hostels running by ST & SC Development Department in Subarnapur District. SHG should be from the same GP where they propose to take up the activity.

N.B: Application format available at DSWO, Subarnapur/District Welfare Officer (DWO), Subarnapur /concerned CDPO Office & District Portal (Subarnapur.nic.in).

1. The Applicant WSHG/ Federation can get the detailed information on the scheme from the concerned CDPO Office/ WEO of the concerned block.
2. The details of school and strength of students is enclosed.

Yours faithfully,

[Signature]
District Social Welfare Officer,
Subarnapur

Memo No. 2672 Dt. 10 / 12 / 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 DWO, Subarnapur & 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.

[Signature]
District Social Welfare Officer,
Subarnapur

DPMU, Mission Shakti, Subarnapur.

O/O-DSWO, Collectorate, Subarnapur, Odisha – 767 017.

Email : dpmusub@gmail.com & dswosonepur@nic.in.

MISSION SHAKTI : SUBARNAPUR.

Information on students studying in schools under ST & SC Development Department, Odisha of Subarnapur District for the year 2021-22
(^{boys} in the form) (Hostel)

Sl No	Name of the School	Contact Number	Name of the GP	Name of the Block	No. of Boys Studying			No. of Girls Studying			Grand Total Students in the School	Total Number of Boarders	Remarks
					Class I to VIII	Class IX to XII	Total	Class I to VIII	Class IX to XII	Total			
1	Asurmdunda AS	9777239645	Asurmunda	Sonepur	156	0	156	177	0	177	333	240	
2	Badbahainro AS	9337124994	Badbhinro	Sonepur	26	0	26	113	52	165	191	140	
3	Daldaba SS	9437224007	Bisipada	Ullunda	10	0	10	58	0	58	68	40	
4	Ichhapur AS	9938818354	Ichhapur	Dunguripali	43	0	43	170	0	170	213	140	
5	Khairbhadi AS	9937217175	Charbhata	Tarbha	89	0	89	200	0	200	289	180	
6	Kunjapali AS	7381448876	Durjyontaila	Birmaharajpur	132	0	132	167	0	167	299	240	
7	Makundpur AS	7894772066	Baladi	Sonepur	9	0	9	47	0	47	56	40	
8	Menda AS	9937245369	Menda	Tarbha	78	0	78	148	29	177	255	180	
9	Panimura AS	9438546492	Badbhinro	Tarbha	102	0	102	183	0	183	285	180	
10	Sagaripali SS	9938954480	Mallikmunda	Sonepur	16	0	16	71	0	71	87	40	
11	Charbhata HSS	9238988352	Charbhata	Tarbha	180	362	542	48	288	336	878	593	
			Grand Total	Grand Total	841	362	1203	1382	369	1751	2954	2013	

Memo No. 1608

Date: - 17.11.2021

Copy submitted to the District Social Welfare Officer, Subarnapur for information and necessary action.

(Signature)
District Welfare Officer,
Subarnapur

Application Form

EOI for taking up the activity: _____

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. Present Livelihood activities: _____
5. Name of the applying GP/ Village/WARD where the activity will be taken up:

6. Whether the SHG has undergone training at KVK or by ST & SC Development Department on corresponding activity (Yes/ No) : _____
If Yes please mention the details: _____
7. Bank, Branch name _____
8. Funds Available in the Savings Bank Account: Rs. _____
9. Whether following activities are practised:
 - (a) Regular Savings (Yes/ No)
 - (b) Amount of savings (in Rs.)
 - (c) Whether loan taken (Yes/ No), if yes, mention the number of times loan availed
 - (d) Meeting Register maintained (Yes/ No)
 - (e) Cash Book maintained (Yes/ No)
10. Contact No: _____
11. Resolution of the SHG to take up the activity is enclosed (Yes/ No)

Signature of President

Signature of Secretary

Date:

Acknowledgement

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

Signature of the CDPO/ Authorised Signatory Date:

ଆବେଦନ ଫର୍ମ

1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ନାମ : _____
2. ଆବେଦନ କରୁଥିବା ପଞ୍ଚାୟତ/ ଗ୍ରାମ/ ଖାର୍ଚ୍ଚର ନାମ : _____
3. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ଠିକଣା :
ଗ୍ରାମ _____ ପୋଷ୍ଟ ଅଫିସ _____
ଗ୍ରାମପଞ୍ଚାୟତ _____ ବ୍ଲକ୍ _____
ଜିଲ୍ଲା _____ ପିନ୍ _____
ଆଇ.ସି.ଡି.ଏସ ଅଫିସ _____
4. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : _____
5. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜୀବିକା : _____
6. ଯେଉଁ ଗ୍ରାମରେ କରିବା ପାଇଁ ଇଚ୍ଛୁକ ତାର ନାମ : _____
7. ଏସ ଏଚ ଜି KVK(କୃଷି ବିଜ୍ଞାନ କେନ୍ଦ୍ର) ଏବଂ କୃଷି ବିଭାଗରେ ରେ ତାଲିମ ନେଇଛନ୍ତି କି(ହଁ/ ନା)
ଯଦି ହଁ ସମ୍ପୂର୍ଣ୍ଣ ବିବରଣୀ ଦିଅନ୍ତୁ
8. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ _____
9. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. _____
 - a. ନିୟମିତ ଜମା (ହଁ/ ନା)
 - b. ଜମା ରାଶି (ଟଙ୍କା)
 - c. ଋଣ ନେଇଛନ୍ତି କି (ହଁ/ ନା), ଯଦି ହଁ ତତ୍ତତ୍ତ କେତେଥର ନେଇଛନ୍ତି
 - d. ଋଣ ପରିଶୋଧର ପ୍ରକାର (ନିୟମିତ/ ଅନିୟମିତ)
 - e. ବୈଠକ ଖାତା ଲିଖନ (ହଁ/ ନା)
 - f. Cash Book ଲିଖନ (ହଁ/ ନା)
10. ଯୋଗାଯୋଗ ନମ୍ବର : _____
11. ଏହି କାର୍ଯ୍ୟ ପାଇଁ ଏସ ଏଚ ଜି ର ଅଧିବେଶନ ବିବରଣୀ ସଂଯୋଗ କରାଯାଇଛି କି (ହଁ/ ନା)

ଦସ୍ତଖତ (ସଭାପତି)

ଦସ୍ତଖତ (ସମ୍ପାଦକ)

ତାରିଖ :

Acknowledgement

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

Signature of the CDPO/ Authorised Signatory

Date: