



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

ନିଗମ  
**ଶକ୍ତି**

Letter No. 891 / Mission Shakti

Date: 22/4/2022.

**Inviting Expression of Interest for eligible WSHGs / Federation for  
OSFDC (Odisha Schedule Caste & Schedule Tribes Development  
Finance Co-operative Corporation Ltd) scheme titled 'Bankable  
income generating scheme'**

Interested BPL SC Women (having more than 50% of SC member) WSHGs/ Federation having the willingness and aptitude for the scheme titled Bankable income generating scheme, are invited to submit their proposal before the concerned CDPO in the below format I & II attached within 15 (Fifteen) days of this advertisement i.e by 07<sup>th</sup> May, 2022 for Bankable income generating scheme in Subarnapur District. SHG should be from the same Block 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 WEO of the concerned block.

Yours faithfully,

*[Signature]*  
District Social Welfare Officer,  
Subarnapur

Memo No. 892 Dt. 22/4 / 2022.

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 Submitted to the Project Director, DRDA, DWO, Subarnapur, DPM, OLM Subarnapur 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](mailto:dpmusub@gmail.com) & [dswosonepur@nic.in](mailto:dswosonepur@nic.in).

## ଆବେଦନ ଫର୍ମ

1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ନାମ : \_\_\_\_\_
2. ଆବେଦନ କରୁଥିବା ପଞ୍ଚାୟତ/ ଗ୍ରାମ/ ଖାର୍ଡର ନାମ : \_\_\_\_\_
3. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ଠିକଣା :  
ଗ୍ରାମ \_\_\_\_\_ ପୋଷ୍ଟ ଅଫିସ \_\_\_\_\_  
ଗ୍ରାମପଞ୍ଚାୟତ \_\_\_\_\_ ବ୍ଲକ \_\_\_\_\_  
ଜିଲ୍ଲା \_\_\_\_\_ ପିନ \_\_\_\_\_  
ଆଇ.ସି.ଡି.ଏସ ଅଫିସ \_\_\_\_\_
4. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : \_\_\_\_\_
5. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜାବିକା : \_\_\_\_\_
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. ରଖି ନେଇଛନ୍ତି କି (ହଁ/ ନା), ଯଦି ହଁ ତହକେ କେତେଥର ନେଇଛନ୍ତି
  - d. ରଖି 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 ଅଧିକାରୀଙ୍କ ବିବରଣୀ ସଂଯୋଗ 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 \_\_\_\_\_.

Signature of the CDPO/ Authorised Signatory

Date:

## 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

Date:

Signature of Secretary

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### Acknowledgement

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

Signature of the CDPO/ Authorised Signatory Date: