



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

ମିଶନ
ଶକ୍ତି

Letter No. 1962 / Mission Shakti

Date: 29 / 08 / 2022.

Inviting Expression of Interest for eligible WSHGs / Federation
for Supplying of Pre-School Uniform to AWCs

Interested WSHGs/ Federation having the willingness and aptitude for Supplying of pre-school uniform to AWCs are invited to submit their proposal to the concerned CDPO in the mentioned below format by 12th Sept, 2022. SHG should be from the same block where they propose to take up the activities.

N.B:

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

Yours faithfully,

[Handwritten Signature]
26/08/2022

District Social Welfare Officer,
Subarnapur

Memo No. 1963 Dt. 29 / 08 / 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 forwarded to the GM, DIC & 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.

[Handwritten Signature]
29/08/2022
District Social Welfare Officer,
Subarnapur

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

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. Present Livelihood activities: _____
5. Savings Bank Account Number: _____
6. Bank, Branch name _____
7. Status of SHG/Federation Gradation: A / B.
8. Funds Available in the Savings Bank Account: Rs. _____
9. No. of Tailoring Machine available with the WSHG _____
10. Per day capacity of stitching of pre-school uniform _____
11. No. of members involved in stitching of uniform _____
12. Mention the previous order copy of stitching (if any)
13. 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)
14. Contact No: _____

Signature of President
Date:

Signature of Secretary

Acknowledgement

Received the Expression of Interest from _____ SHG / SHG Federation, village _____, on date _____ for agents under OSCSC for paddy Procurement at the GP level.

Signature of the DSWO/ CDPO/ Authorised Signatory
Date:

ଆବେଦନ ଫର୍ମ

୨୧୪

1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ନାମ : _____
2. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ଠିକଣା :
ଗ୍ରାମ _____ ପୋଷ୍ଟ ଅଫିସ _____
ଗ୍ରାମପଞ୍ଚାୟତ _____ ବ୍ଲକ _____
ଜିଲ୍ଲା _____ ପିନ _____
ଆଇ.ସି.ଡି.ଏସ ଅଫିସ _____
3. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : _____
4. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜୀବିକା : _____
5. ଏସଏଚଜିର ଜମାଖାତା ନମ୍ବର: _____
6. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ _____
7. ଗୋଷ୍ଠୀ / ମହାସଂଘର ଗ୍ରାହକସଂଖ୍ୟା : A / B : _____
8. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. _____
9. ବର୍ତ୍ତମାନ ଗୋଷ୍ଠୀ / ମହାସଂଘର କେତୋଟି ସିଲେଇ ମେଣିନ ଅଛି _____
10. ଗୋଷ୍ଠୀର ଦିନରେ କେତୋଟି ଯୁନିଫର୍ମ ସିଲେଇ କରିବାର କ୍ଷମତା ଅଛି : _____
11. ଗୋଷ୍ଠୀ / ମହାସଂଘ ମଧ୍ୟରୁ କେତେଜଣ ସିଲେଇ ରେ ନିଯୋଜିତ ଅଛନ୍ତି _____
12. ପୂର୍ବରୁ ଯଦି କିଛି ସିଲେଇ ଅର୍ଡର ପାଇଛନ୍ତି ତାହାର ନକଲ ଦିଅନ୍ତୁ _____
13. ନିମ୍ନଲିଖିତ ମଧ୍ୟରୁ କେଉଁଟି କରୁଛନ୍ତି : _____
 - a. ନିୟମିତ ଜମା (ହୁଁ ନା)
 - b. ବୈଠକ ଖାତା ଲିଖନ (ହୁଁ ନା)
 - c. Cash Book ଲିଖନ (ହୁଁ ନା)
 - d. ଆଭ୍ୟନ୍ତରୀଣ ରଣ ଆଦାନ ପ୍ରଦାନ ଖାତା ଲିଖନ (ହୁଁ ନା)
14. ଯୋଗାଯୋଗ ନମ୍ବର : _____

ଦସ୍ତଖତ (ସଭାପତି)

ଦସ୍ତଖତ (ସମ୍ପାଦକ)

ତାରିଖ :

Acknowledgement

Received the Expression of Interest from _____ SHG / SHG Federation,
village _____, on date _____ for supplying pre-school uniforms.

Signature of the DSWO/ CDPO/ Authorised Signatory

Date: