

## ଆବେଦନ ଫର୍ମ

1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ନାମ : \_\_\_\_\_
2. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ଠିକଣା :  
ଗ୍ରାମ \_\_\_\_\_ ପୋଷ୍ଟ ଅଫିସ \_\_\_\_\_  
ଗ୍ରାମପଞ୍ଚାୟତ \_\_\_\_\_ ବ୍ଲକ୍ \_\_\_\_\_  
ଜିଲ୍ଲା \_\_\_\_\_ ପିନ୍ \_\_\_\_\_  
ଆଇ.ସି.ଡି.ଏସ ଅଫିସ \_\_\_\_\_
3. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : \_\_\_\_\_
4. ଗୋଷ୍ଠୀ / ମହାସଂଘର ଗ୍ରାହକ (A/B): \_\_\_\_\_
5. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜାବିକା : \_\_\_\_\_
6. ଗୋଷ୍ଠୀ / ମହାସଂଘର ପ୍ୟାନ ନମ୍ବର : \_\_\_\_\_
7. କେତେଜଣ ସଦସ୍ୟଙ୍କର ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା ଦର୍ଶନ ପାସ/ ଡିଗ୍ରୀ : \_\_\_\_\_
8. ଏସଏଚଜିର ଜମାଖାତା ନମ୍ବର: \_\_\_\_\_
9. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ \_\_\_\_\_
10. ଆଇଏଫଏସସି(IFSC): \_\_\_\_\_
11. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. \_\_\_\_\_
12. ନିମ୍ନଲିଖିତ କାର୍ଯ୍ୟକଳାପ ବିଷୟରେ :
  - a. ନିୟମିତ ଜମା (ହୁଁ ନା)
  - b. ବୈଠକ ଖାତା ଲିଖନ (ହୁଁ ନା)
  - c. Cash Book ଲିଖନ (ହୁଁ ନା)
  - d. ଆଭ୍ୟନ୍ତରୀଣ ରଖାଖାତା ଲିଖନ (ହୁଁ ନା)
  - e. ସିକ୍ସ୍ ମୋନ୍ଥ ଜମା ପାଇଁ ଯୋଗ୍ୟତା (ହୁଁ ନା)
13. ଯୋଗାଯୋଗ ନମ୍ବର : \_\_\_\_\_

ଦସ୍ତଖତ (ସଭାପତି)

ଦସ୍ତଖତ ( ସମ୍ପାଦକ)

ତାରିଖ :

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### Acknowledgement

Received the Expression of Interest from \_\_\_\_\_ SHG / Federation,  
\_\_\_\_\_, on date \_\_\_\_\_ for electric meter reading and bill collection.

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 10<sup>th</sup> 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  
Date:

Signature of Secretary

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\_\_\_\_\_, on date \_\_\_\_\_ for electric meter reading and bill collection.

Signature of the CDPO/ Authorised Signatory  
Date: