



**DISTRICT OFFICE: SUBARNAPUR
(SOCIAL WELFARE SECTION)**

ନିରାଶ୍ରମ
ଶକ୍ତି

Letter No. 980 / Mission Shakti

Date: 19 / 03 / 2020.

**Inviting Expression of Interest for functioning of Fair Price
Shop under Public Distribution System**

Interested WSHGs/ Federation having the willingness and aptitude for functioning of Fair Price Shop under Public Distribution System, are invited to submit their proposal in the mentioned format by 30th March 2020. Such willingness shall be submitted to concerned CDPO.

1. **Binka NAC.** A. WARD NO-03, B. WARD NO-10 C. WARD NO-11 & D. WARD NO-12
2. **Dunguripali Block.** A. Baidupali GP, B. Kapasira GP, C. Bandhapali GP D. Karlajuri GP E. Pandkital village under Pandkital Naikenpali GP & F. Naikenpali village under Pandkital Naikenpali GP
3. **Birmaharajpur Block.** A. Laturpank GP
4. **Sonepur Municipality.** A. WARD NO-05

N.B: Application format available in Odia & English at DSWO/ concerned CDPO Office & District Portal (Subarnapur.nic.in).

Yours faithfully


19.3.20
District Social Welfare Officer,
Subarnapur

Memo No. 981 Dt. 19 / 03 / 2020.

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 GP after supply of above.

Copy forwarded to the CSO, ACSOs, ARCS, RMCs, SIs & DPM, OLM Subarnapur for information & necessary action.

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


19.3.20
District Social Welfare Officer,
Subarnapur

DPMU, Mission Shakti, Subarnapur.
O/O-DSWO, Collectorate, Subarnapur, Odisha – 767 017.
Email : dpmusub@gmail.com & 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 _____ ବ୍ଲକ୍ _____
ଜିଲ୍ଲା _____ ପିନ _____
ଆଇ.ସି.ଡି.ଏସ ଅଫିସ _____
4. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : _____
5. ଗୋଷ୍ଠୀ / ମହାସଂଘର ଗ୍ରାହକ (A/B): _____
6. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜୀବିକା : _____
7. ଗୋଷ୍ଠୀ / ମହାସଂଘର ପ୍ୟାନ ନମ୍ବର : _____
8. କେତେଜଣ ସଦସ୍ୟଙ୍କର ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା ଦର୍ଶନ ପାସ/ ଡିଗ୍ରୀ : _____
9. ମହିଳା DEOର କମ୍ପ୍ୟୁଟର ଦକ୍ଷତା : _____
10. ଏସଏଚଜିର ଜମାଖାତା ନମ୍ବର: _____
11. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ _____
12. ଆଇଏଫଏସସି(IFSC): _____
13. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. _____
14. ବ୍ୟାଙ୍କ ରଶ୍ମିର ପରିମାଣ ଓ ତାରିଖ : ଟଙ୍କା. _____ ଓ ତା: _____
15. ବ୍ୟାଙ୍କ ରଶ୍ମି ପରିଶୋଧ ପରିମାଣ: ଟଙ୍କା. _____
16. ବଳକା ରଶ୍ମି : _____
17. ନିମ୍ନଲିଖିତ କାର୍ଯ୍ୟକଳାପ ବିଷୟରେ :
 - a. ନିୟମିତ ଜମା (ହୁଁ ନା)
 - b. ବୈଠକ ଖାତା ଲିଖନ (ହୁଁ ନା)
 - c. Cash Book ଲିଖନ (ହୁଁ ନା)
 - d. ଆଭ୍ୟନ୍ତରୀଣ ରଶ୍ମିଖାତା ଲିଖନ (ହୁଁ ନା)
 - e. ସିକ୍ୟୁରିଟି ଜମା ପାଇଁ ଯୋଗ୍ୟତା (ହୁଁ ନା)
18. ଯୋଗାଯୋଗ ନମ୍ବର : _____

ଦସ୍ତଖତ (ସଭାପତି)

ଦସ୍ତଖତ (ସମ୍ପାଦକ)

ତାରିଖ :

Acknowledgement

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

Signature of the CDPO/ Authorised Signatory
Date:

Application Form

1. Name of the WSHG/ Federation: _____
2. Name of the applying GP/ Village/WARD: _____
3. SHG/ Federation Address (as applicable):
Village _____ Post office _____
GP _____ Block _____
District _____ PIN _____
ICDS Project _____
4. Year of formation: _____
5. Gradation of WSHG/ Federation(A/B): _____
6. Present Livelihood activities: _____
7. PAN of WSHG/ Federation: _____
8. No of members having qualification 10th Pass or more: _____
9. Computer Literacy of DEO: _____
10. Savings Bank Account Number: _____
11. Bank, Branch name _____
12. IFS Code: _____
13. Funds Available in the Savings Bank Account: Rs. _____
14. Bank Loan amount & date: Rs. _____ & dt. _____
15. Bank Loan repaid: Rs. _____
16. Balance loan amount: _____
17. 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)
18. Contact No: _____

Signature of President
Date:

Signature of Secretary

Acknowledgement

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

Signature of the CDPO/ Authorised Signatory Date: