



OFFICE OF THE DISTRICT  
MAGISTRATE & COLLECTOR,  
SUBARNAPUR  
{MISSION SHAKTI}

ନିଶ୍ଚଳ  
ଶକ୍ତି  
ବଳେ ମହିଳା, ବଳେ ଚଳିବ

Letter No. ୫୧୦ / Mission Shakti

Date: 26 / 07 / 2024.

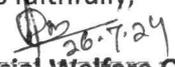
**Inviting Expression of Interest for functioning of Fair Price  
Shop under Public Distribution System**

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 within 15 days by 12<sup>th</sup> August 2024. Such willingness shall be submitted to concerned CDPO.

1. **Binka NAC. A.** WARD NO-10
2. **Ullunda Block. A.** Panchamahala GP

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

Yours faithfully,

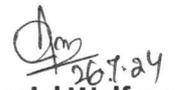
  
26.7.24  
District Social Welfare Officer,  
Subarnapur

Memo No. ୫୧୧ Dt. 26 / 07 / 2024.

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.

  
26.7.24  
District Social Welfare Officer,  
Subarnapur

**Mission Shakti, Subarnapur.**

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

Email : [dpmusub@gmail.com](mailto:dpmusub@gmail.com) & [subarnapur.missionshakti@gmail.com](mailto:subarnapur.missionshakti@gmail.com)

## 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 \_\_\_\_\_ ପିନ୍ \_\_\_\_\_  
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 କମ୍ପୁଟର ଦକ୍ଷତା : \_\_\_\_\_
10. ଏସଏଚଜିର ଜମାଖାତା ନମ୍ବର: \_\_\_\_\_
11. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ \_\_\_\_\_
12. ଆଇଏଫଏସସି(IFSC): \_\_\_\_\_
13. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. \_\_\_\_\_
14. ବ୍ୟାଙ୍କ ଋଣର ପରିମାଣ ଓ ତାରିଖ : ଟଙ୍କା. \_\_\_\_\_ ଓ ତା: \_\_\_\_\_
15. ବ୍ୟାଙ୍କ ଋଣ ପରିଶୋଧ ପରିମାଣ: ଟଙ୍କା. \_\_\_\_\_
16. ବଳିକା ରାଶି : \_\_\_\_\_
17. ନିମ୍ନଲିଖିତ କାର୍ଯ୍ୟକଳାପ ବିଷୟରେ :
  - a. ନିୟମିତ ଜମା (ହଁ/ ନା)
  - b. ବୈଠକ ଖାତା ଲିଖନ (ହଁ/ ନା)
  - c. Cash Book ଲିଖନ (ହଁ/ ନା)
  - d. ଆଭ୍ୟନ୍ତରୀଣ ଋଣଖାତା ଲିଖନ (ହଁ/ ନା)
  - e. ସିକ୍ୟୁରିଟୀ ଜମା ପାଇଁ ଯୋଗ୍ୟତା (ହଁ/ ନା)
18. ଯୋଗାଯୋଗ ନମ୍ବର : \_\_\_\_\_

ଦସ୍ତଖତ (ସଭାପତି)

ଦସ୍ତଖତ ( ସମ୍ପାଦକ)

ତାରିଖ :

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### 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 10<sup>th</sup> 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

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### Acknowledgement

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

Signature of the CDPO/ Authorised Signatory Date: