



**OFFICE OF THE
COLLECTOR & DISTRICT MAGISTRATE, KALAHANDI**

(Social Security & Empowerment of PWDs Section)

No.....1025...../SSEPD Date.....23/08.....//2022

To

**The District Informatics Officer
Kalahandi**

Sub: - Floating of "EOI" for selection of PIA for implementation of "SWEEKRUTI" scheme.

Ref:- Govt. of Odisha, SSEPD Deptt. lt. no 6290 Dtd. 22.08.2022.

Sir,

With reference to the subject cited above, you are requested to float the "EOI" for selection of PIA for implementation of "SWEEKRUTI" scheme in the District Website as enclosed.

This is for your kind information and necessary action.

Yours faithfully

**District Social Security Officer
Kalahandi**

Memo No...1026...../SSEPD

Date...23/08.....//2021

Copy to submitted to the Joint Secretary to Govt. SSEPD Deptt. Govt. of Odisha, Bhubaneswar for kind information.

**District Social Security Officer
Kalahandi**

Government Of Odisha

Social Security & Empowerment of PwDs Department

District- Kalahandi

Expression of Interest

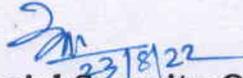
For Providing/Managing services for promotion of Transgender equality & justice under SWEEKRUTI scheme.

No. 1027

Date. 23.08.2022

The EOI aims to empanel successful agencies that will be responsible for promotion of Transgender equality & Justice under SWEEKRUTI scheme. The details of scope of work, eligibility criteria and submission of details can be downloaded from website- District Website & SSEPD Deptt Website Last date and time for submission of the EOI documents by speed post/Registered post/ courier/hand in all working days up to 5.00 P.M. Date 03.09.2022.

This EOI does not entail any commitment of the part of SSEPD section, District Govt. of Odisha either financial or otherwise. SSEPD Section, District Govt. of Odisha reserves the right to accept or reject any or all without incurring any obligation to inform the affected applicant/s of the grounds. The EOI will be evaluated based on the information provided.


**District Social Security Officer
Kalahandi**



EOI DOCUMENT FOR

**Empanelment for Providing/managing services for Promotion of
Transgender equality & justice under SWEKRUTI scheme**

IMPORTANT INFORMATION TO THE BIDDER

Sl. No.	Item	Description
1	Availability of EOI document	Official District Website
2	Date and time for submission of the EOI documents by speed post/ Registered post / courier/ hand	In all working days up to Time & Date.
3	Indenting Authority	District Social Security Officer, District
4	Expected date of starting of outsourcing of all intended services	Within 30 days from the date of agreement.

EOI FOR EMPANELMENT FOR PROVIDING/MANAGING SERVICES FOR PROMOTION OF TRANSGENDER EQUALITY & JUSTICE UNDER SWEKRUTI SCHEME

District Social Security Officer, District invites Expression of Interest (EOI) from the registered and experienced agencies either formed by Transgender or working for Transgender for **PROMOTION OF TRANSGENDER EQUALITY & JUSTICE UNDER SWEKRUTI SCHEME**. The EOI aims to empanel successful agencies that will be responsible for Promotion of Transgender equality & justice under SWEKRUTI scheme.

15. Documents to be submitted with bid:

- i. Registration certificate under Societies Registration Act 1860/India Trust Act, 1882/Indian Companies Act/Any other appropriate Act.
- ii. PAN Card and 12A(A) registration under Income Tax Act 1961 and or GST.
- iii. Income Tax/GST return of last year.
- iv. Audited Statement of accounts duly certified by CA (Balance Sheet, Income Expenditure A/c) for the last three financial years.
- v. Filled up Format-A along with documents duly signed and sealed by the authorized person of the bidder in and each page as a token of acceptance of all terms and conditions of the Bid.
- vi. Declaration as per format B.
- vii. Recommendation of Collector/ DSSO
- viii. Detailed Work Plan & methodology along with estimated budget requirement. (Please enclose Programme component wise separately)
- ix. Order/agreement/document in support of previous contract/project from Govt. Department /PSU/ Autonomous body etc. if any
- x. Power of attorney in case of authorized signatory

16. Action Plan & Budget: The selected PIA/Agency shall submit Action Plan and Budget on half yearly basis to DSSO for approval and release of funds, and shall work accordingly.

17. Progress Report: The PIA/Agency shall submit monthly progress report to DSSO for review and onward transmission to Government.

18. Release of funds: The selected agencies will be mapped under PFMS system and paid through State Nodal Account. Other instructions regarding operation of funds will be issued separately.

Format-A

APPLICATION FORM

**FOR PROVIDING/MANAGING SERVICES FOR PROMOTION OF TRANSGENDER EQUALITY & JUSTICE
UNDER SWEKRUTI SCHEME**

1. Name of Bidder Agency: _____

2. Name of Secretary/ Chairman / Director: _____

3. Full Address of Registered Office: _____

Telephone/Mobile No.: _____ Fax No.: _____ E-Mail Address: _____

4. Name & Mobile No. of Authorized Person: _____

5. Name(s) of the district(s) applied for: _____

Check List

Sl. No	Name of the document /papers	Status (Submitted/ not submitted)	Page no (if submitted)
1	Registration certificate under Societies Registration Act 1860/India Trust Act, 1882/Indian Companies Act/Any other appropriate Act		
2	PAN Card and 12A(A) registration under Income Tax Act 1961		
3	Income Tax /GST return of last year		
4	Audited Statement of accounts duly certified by CA (Balance Sheet, Income Expenditure A/c) for the last three financial year		
5	Document duly signed and sealed by the authorized person of the bidder in each page as a token of acceptance of all terms and conditions of the Bid		
6	Declaration as per format B		
7	Detailed Work Plan, methodology & estimated budget		
8	Order/agreement/document in support of previous contract/ project from Govt. Department /PSU/ Autonomous body etc. if any		
9	Power of attorney in case of authorized signatory		

Declaration: - We..... (the name of agency), are agreed to work as per the terms & conditions of SSEPD Deptt., Government of Odisha.

Place:

Date:

BIDDER'S OFFICIAL SIGNATORY

Name & Designation with Rubber Stamp/

Official Seal of the Firm

Format-B

Declaration

I, _____, Secretary/ Proprietor / Director/ Authorized Signatory of the bidder, am competent to sign this declaration and execute this EOI document;

2. I have carefully read and understood all the terms and conditions of the EOI and undertake to abide by them,

3. The information / documents/papers furnished along with the above application are true and authentic to the best of my knowledge and belief. I /We, am / are well aware of the fact that furnishing of any false information / fabricated document would lead to rejection of my bid at any stage besides liabilities towards prosecution under appropriate law.

4. I also certifies that our firm has not been black listed by Central / State Government / PSUs / Boards / Corporations / autonomous body under administrative control of Central or State Govt. etc.

8. This is also certified that neither myself nor my organization will be indulged in any corrupt practices so far as this bidding is concerned.

Place:

BIDDER'S OFFICIAL SIGNATORY

Date:

Name & Designation with Rubber Stamp/

Official Seal of the agency