

OFFICE OF THE COLLECTOR AND DISTRICT MAGISTRATE,  
KALAHANDI, BHAWANIPATNA.

(Social Welfare Section)

No. 2541 /Mission Shakti

Date. 21/12/2021

**Advertisement for inviting Expression of Interest**  
**for OSFDC (Odisha Schedule Caste & Schedule Tribes Development Finance CO-**  
**operative Corporation Ltd.) schemes titled "Bankable Income Generating**  
**Scheme"**

Expression of Interest from the Interested BPL SC Women (having more than 50% SC member) SHGs having willingness and aptitude for the scheme titled "Bankable Income Generating Scheme" are invited to submit their proposal before the concerned CDPO in the mentioned below Format-I & II (attached) within 15 days of this notice i.e. by 04/01/2022 towards Bankable Income Generating activity. SHGs should be from the same Block where they propose to take up the activity.

**Enclosed:**

- Annexure- A: - Parameter for Selection of WSHG/SHG Federations for Bankable Income Generating Scheme.
- Annexure- B(I): - Block wise /ULB wise/Bank wise left-out target under Bankable Income Generating Schemes of SC for year 2021-22.
- Annexure- B(II): - Activities under Bankable Income Generating Schemes.
- Format-I & II: - Application form in Odia & English (available at concerned CDPO office)

**NB: -**

The applicant SHG can get detailed information on the scheme from the concerned WEO of the concerned block.

  
District Social Welfare Officer,  
Kalahandi

Memo No. 2542 Dt. 21 / 12 / 2021.

Copy forwarded to all CDPOs, Kalahandi District to publish in the notice board of office of BDO, EO (NAC/Municipality) Office, CDPO, AWCs, GP / GPLFs and BLF.

Copy Submitted to EO, Bhawanipatna Municipality / DHarmagarh NAC/ Junagarh NAC/ Kesinga NAC for information & necessary action.

Copy forwarded to the DPM, OLM, Kalahandi for information & necessary action, with a request to share and publish the EOI among all CRP/MBK/GPLFs/SHGs.

Copy submitted to all BDOs, Kalahandi, for information and necessary action

Copy submitted to the District Information Officer, NIC, Kalahandi, for publishing the notification in the district Website.

Copy submitted to the DWO, Kalahandi, for information and necessary action. You are requested to publish the EOI in the office notice board and at the office notice board of all SO- Micro Project Areas(MPAs).

Copy submitted to the PA ITDA, Kalahandi for information and necessary action. You requested to publish the EOI in the office notice board.

Copy submitted to the PD, DRDA, Kalahandi for favour of kind information.

Copy submitted to the PA to Collector, for favour of kind information of Collector, Kalahandi.

  
District Social Welfare Officer,  
Kalahandi

ଜିଲ୍ଲାପାଳ, କଳାହାଣ୍ଡି ଓ କାର୍ଯ୍ୟାଳୟ

ଭବନୀପାଟଣା

(ସମାଜ ମଙ୍ଗଳ ବିଭାଗ)

ପତ୍ର ସଂଖ୍ୟା: ୨୪୪୧ / ମିଶନ ଶକ୍ତି

ତା: ୨୧/୧୨/୨୦୨୧

**OSFDC (ଓଡ଼ିଶା ଅନୁସୂଚିତ ଜାତି ଏବଂ ଅନୁସୂଚିତ ଜନଜାତି ବିକାଶ ଫାଉଣ୍ଡେସନ୍ କୋଅପରେଟିଭ୍ କର୍ପୋରେସନ୍ ଲିମିଟେଡ୍) ର "ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍" ନିମନ୍ତେ ଆଗ୍ରହୀ ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ମାନଙ୍କ ଠାରୁ ଆବେଦନପତ୍ର ଆହ୍ୱାନ ସମ୍ପନ୍ନା ବିଜ୍ଞାପନ ।**

ଏତଦ୍ୱାରା ଆଗ୍ରହୀ ଅନୁସୂଚିତ ଜାତି ମହିଳା (50% ରୁ ଅଧିକ SC ସଦସ୍ୟ ଥିବା) ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ମାନଙ୍କୁ, ଓଡ଼ିଶା ଅନୁସୂଚିତ ଜାତି ଏବଂ ଅନୁସୂଚିତ ଜନଜାତି ବିକାଶ ଫାଉଣ୍ଡେସନ୍ କୋଅପରେଟିଭ୍ କର୍ପୋରେସନ୍ ଲିମିଟେଡ୍) ର "ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍" ନିମନ୍ତେ ସମ୍ପୂର୍ଣ୍ଣ ଶିଶୁ ବିକାଶ ପ୍ରକଳ୍ପ ଅଧିକାରୀ ଓ କାର୍ଯ୍ୟାଳୟ ରେ ଫର୍ମାଟ୍-୧ ଓ ୨ ଅନୁସାରେ ଆବେଦନପତ୍ର ଦାଖଲ ନିମନ୍ତେ ବିଜ୍ଞାପନ ଆହ୍ୱାନ କରାଯାଉଅଛି । ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ଏହି ବିଜ୍ଞାପନ ର ୧୫ ଦିନ ମଧ୍ୟରେ ଅର୍ଥାତ୍ ୦୪/୦୧/୨୦୨୨ ସୁଦ୍ଧା ନିଜର ଆବେଦନପତ୍ର ଦାଖଲ କରିବେ । ଉକ୍ତ କାର୍ଯ୍ୟରେ ନିୟୋଜିତ ହେବା ପାଇଁ ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ/ ମହାସଂଘ ସେହି ସମାନ ବ୍ଲକରୁ ହୋଇଥିବା ଆବଶ୍ୟକ ।

ସଂଲଗ୍ନ

- ପରିଶିଷ୍ଟ -A :- ଓଡ଼ିଶା ଅନୁସୂଚିତ ଜାତି ଏବଂ ଅନୁସୂଚିତ ଜନଜାତି ବିକାଶ ଫାଉଣ୍ଡେସନ୍ କୋଅପରେଟିଭ୍ କର୍ପୋରେସନ୍ ଲିମିଟେଡ୍) ର "ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍" ନିମନ୍ତେ ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ଚୟନର ନିୟମାବଳୀ ।
- ପରିଶିଷ୍ଟ -B(I):- 2021-22 ବର୍ଷ ପାଇଁ SC ର ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍ ଅଧୀନରେ ବ୍ଲକ୍ ଖାଇଜ / ULB ଖାଇଜ / ବ୍ୟାଙ୍କ୍ ଖାଇଜ ଟାର୍ଗେଟ ।
- ପରିଶିଷ୍ଟ -B(II):- ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍ ଅନ୍ତର୍ଗତ କାର୍ଯ୍ୟକଳାପ ।
- ଫର୍ମାଟ୍-୧ ଓ ୨:- ଶିଶୁ ବିକାଶ ପ୍ରକଳ୍ପ ଅଧିକାରୀ ଓ ଠାରେ ଉପଲବ୍ଧ ଓଡ଼ିଆ ଏବଂ ଇଂରାଜୀ ଭାଷାରେ ଲିଖିତ ଆବେଦନ ପତ୍ର ।

ସୂଚନା :-

ଉକ୍ତ କାର୍ଯ୍ୟ ପାଇଁ ଆବେଦନକାରୀ ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀମାନେ ସଂପୂର୍ଣ୍ଣ ବ୍ଲକର କଲ୍ୟାଣ ସମ୍ପ୍ରଦାୟ ଅଧିକାରୀ(WEO) ଠାରୁ ଏହି ଯୋଜନା ବିଷୟରେ ବିସ୍ତୃତ ସୂଚନା ପାଇପାରିବେ ।

*(Handwritten Signature)*  
ଜିଲ୍ଲା ସମାଜ ମଙ୍ଗଳ ଅଧିକାରୀ  
କଳାହାଣ୍ଡି

ଜ୍ଞାପକ ସଂଖ୍ୟା ୨୪୪୧ / ମିଶନ ଶକ୍ତି ତା: ୨୧/୧୨/୨୦୨୧

- ଏହାର ଏକକିତା ନକଲ ସମସ୍ତ ଶିଶୁ ବିକାଶ ପ୍ରକଳ୍ପ ଅଧିକାରୀ, କଳାହାଣ୍ଡି ଓ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ଓ ସେମାନେ ଏହି ବିଜ୍ଞାପନ ପତ୍ର କୁ ନିଜ ଫଳକରେ ଲଗାଇବା ସହ ଗୋଷ୍ଠୀ ଉନ୍ନୟନ ଅଧିକାରୀ, ଏନଏସି / ମୁନିକିପାଲିଟି କାର୍ଯ୍ୟାଳୟ, ସମ୍ପୂର୍ଣ୍ଣ ଅଙ୍ଗନୱାଡି କେନ୍ଦ୍ର, ଗ୍ରାମପଞ୍ଚାୟତ କାର୍ଯ୍ୟାଳୟ ଏବଂ ବ୍ଲକ୍ ଓ ପଞ୍ଚାୟତ ମହାସଂଘ କାର୍ଯ୍ୟାଳୟ ର ବିଜ୍ଞାପନ ଫଳକରେ ଲଗାଇବା ନିମନ୍ତେ ଅନୁରୋଧ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ EO (ଧର୍ମଗଡ଼ ଏନଏସି/ କେସିଜା ଏନଏସି/ ଜୁନଗଡ଼ ଏନଏସି/ ଭବନୀପାଟଣା ମୁନିକିପାଲିଟି ଓ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ DPM(OLM) ଓ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ଓ ଏହି ବିଜ୍ଞାପନ ଜିଲ୍ଲା ର ସମସ୍ତ CRP/MBK/GPLF/SHGs କୁ ଅବଗତ କରିବା ନିମନ୍ତେ ଅନୁରୋଧ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ ସମସ୍ତ ବ୍ଲକ୍ ଉନ୍ନୟନ ଅଧିକାରୀ, କଳାହାଣ୍ଡି ଓ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ ଜିଲ୍ଲା ସୂଚନା ଅଧିକାରୀ, କଳାହାଣ୍ଡି ଓ ଅବଗତି ନିମନ୍ତେ ଏବଂ ଜିଲ୍ଲା ଖେବସାଇଟ୍ ରେ ବିଜ୍ଞାପନ ବାହାର କରିବା ପାଇଁ ପ୍ରେରଣକରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ DWO, କଳାହାଣ୍ଡି ଓ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ଓ ଏହି ବିଜ୍ଞାପନ ପତ୍ର କୁ ନିଜ ଫଳକରେ ଲଗାଇବା ସହ ସମସ୍ତ SO- Micro Project Areas(MPAs) ଅଧିକାରୀ ଫଳକରେ ଲଗାଇବା ପାଇଁ ଅନୁରୋଧ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ PA, ITDA, କଳାହାଣ୍ଡି ଓ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ଓ ଏହି ବିଜ୍ଞାପନ ପତ୍ର କୁ ନିଜ ଫଳକରେ ଲଗାଇବା ପାଇଁ ଅନୁରୋଧ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ ପ୍ରକଳ୍ପ ନିର୍ଦ୍ଦେଶକ, ଡି.ଆର.ଡି.ଏ, କଳାହାଣ୍ଡି ଓ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ କଲେକ୍ଟର ଏବଂ ଡିଏମ୍, କଳାହାଣ୍ଡି ଓ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ।

*(Handwritten Signature)*  
ଜିଲ୍ଲା ସମାଜ ମଙ୍ଗଳ ଅଧିକାରୀ  
କଳାହାଣ୍ଡି

**ଓଡ଼ିଶା ଅନୁସୂଚିତ ଜାତି ଏବଂ ଅନୁସୂଚିତ ଜନଜାତି ବିକାଶ ପାଇନାନ୍ସ କୋଅପରେଟିଭ୍ କର୍ପୋରେସନ୍ ଲିମିଟେଡ୍) ର “ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍” ନିମନ୍ତେ ମହିଳା ସ୍ୱୟଂସହାୟକ ଗୋଷ୍ଠୀ ଚୟନର ନିୟମାବଳୀ**

1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ/ ମହାସଂଘ ଗଠନ ତାରିଖ ଠାରୁ ୬ ମାସ ପୂର୍ଣ୍ଣ ହୋଇଥିବା ଜରୁରୀ ଅଟେ ।
2. ଅଧିକାଂଶ SHG ସଦସ୍ୟ ଯଥା 50% ଏବଂ ତଦୁର୍ଦ୍ଧ୍ୱ ନିଶ୍ଚିତ ଭାବରେ SC BPL ବର୍ଗର ହେବା ଆବଶ୍ୟକ ।
3. ପ୍ରସ୍ତାବିତ କାର୍ଯ୍ୟକରିବା ପାଇଁ ଆଗ୍ରହୀ ଥିବା ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ଉକ୍ତ ବ୍ଲକ୍, ଏନଏସି / ମୁନିକିପାଲିଟି ର ଅନ୍ତର୍ଭୁକ୍ତ ହୋଇଥିବା ଆବଶ୍ୟକ ଅଟେ ।
4. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ର ଏକ ସକ୍ରିୟ ବ୍ୟାଙ୍କ ଆକାଉଣ୍ଟ ଥିବା ଆବଶ୍ୟକ ।
5. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ବ୍ୟାଙ୍କ ରଖି ଖୁଲାପୀ ହୋଇନଥିବେ ।
6. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ନିଶ୍ଚିତ ଭାବରେ ନିୟମିତ ଖାତାପତ୍ର ପରିଚାଳନା ସହ ସଠିକ ପଦ୍ଧତିରେ ବୈଠକ ଖାତା, କ୍ୟାଶ ବହି ଏବଂ ବ୍ୟାଙ୍କ ପାସ ବହି ଅପଡେଟ କରି ରଖି ଥିବା ଆବଶ୍ୟକ ।
7. ସର୍ବାଧିକ ସଂଖ୍ୟକ SC BPL ସଦସ୍ୟ ଥିବା ଏବଂ ଠିକ ବ୍ୟାଙ୍କ ରଖି ପରିଶୋଧ ଇତିହାସ ଥିବା ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ କୁ ଅଗ୍ରାଧିକାର ଦିଆଯିବ ।

Annexure –A

**Parameter for Selection of WSHGs for OSFDC (Odisha Schedule Caste & Schedule Tribes Development Finance CO-operative Corporation Ltd.) schemes titled “Bankable Income Generating Scheme”**

1. SHG must have completed six months from the date of formation.
2. Majority SHG members i.e. 50% and above must belong to SC BPL category.
3. SHG should belong to the same block, NAC/Municipality where they propose to take up the activity.
4. SHG must have an active Bank account.
5. SHG must not be a bank loan defaulter.
6. SHG must have undertaken regular and systematic book keeping including maintenance of Meeting Register, Cash Book, updated pass book among others.
7. SHG having maximum number of SC BPL members and with sound bank loan repayment history will be given preference.

Revised Block wise/ULB wise / Bank wise leftout Target under Bankable IGS of SC relating to the year  
2020-21 to be implement during the Year 2021-22  
(SCHEDULED CASTE SECTOR)

District: Kalahandi

Sl No	Name of the block	Name of the Bank	Revised Annual Target of 2021-22			Activity
			No. of SHG	No. of Benf.	Financial	
1	Bhawanipatna	SBI Bhawanipatna	0	1	0.10	Domain wise Activity Attached in Annexure- II
		UGB Borda	0	0	0.00	
		UGB Karlapada	0	0	0.00	
		IOB Bhawanipatna	0	0	0.00	
		BOI Bhawanipatna	1	10	1.00	
		SBI Karlapada	1	11	1.10	
		BOB, Bhawanipatna	1	10	1.00	
<b>Total</b>	<b>3</b>	<b>32</b>	<b>3.20</b>			
2	Bhawanipatna Municipality	Canara Bank, BPT	1	10	1.00	
		SBI, Bhawanipatna	2	20	2.00	
		Andhra, BPT	1	10	1.00	
		Coorporation Bank	1	10	1.00	
<b>Total</b>	<b>5</b>	<b>50</b>	<b>5.00</b>			
3	Kesinga	SBI Kesinga	0	1	0.10	
		SBI Utkela	2	20	2.00	
		PNB, Kesinga	1	10	1.00	
		Uco Kesing	0	1	0.10	
		BOB Kesinga	1	10	1.00	
		HDFC Kesinga	1	10	1.00	
		Andhra Kesinga	0	1	0.10	
<b>Total</b>	<b>5</b>	<b>53</b>	<b>5.30</b>			
4	Kesinga N.A.C	SBI Kesinga	1	10	1.00	
		PNB, Kesinga	2	20	2.00	
		<b>Total</b>	<b>3</b>	<b>30</b>	<b>3.00</b>	
5	Narla	UGB Tulapada	2	20	2.00	
		SBI Narla	2	20	2.00	
		UGB Narla	1	10	1.00	
		<b>Total</b>	<b>5</b>	<b>50</b>	<b>5.00</b>	
6	M.Rampur	UGB, Mohangiri	1	10	1.00	
		SBI, Urladani	0	1	0.10	
		UGB, M.Rampur	2	20	2.00	
		SBI M.Ramour	1	10	1.00	
<b>Total</b>	<b>4</b>	<b>41</b>	<b>4.10</b>			
7	Karlamura	SBI Karlamura	1	10	1.00	
		Uco Risida	1	10	1.00	
		<b>Total</b>	<b>2</b>	<b>20</b>	<b>2.00</b>	
8	Lanjigarh	SBI Biswanathpur	1	9	0.90	
		SBI Musanal	1	10	1.00	
		SBI Bengaon	1	10	1.00	
		IOB Lanjigarh	0	1	0.10	
		UGB Lanjigarh Road	1	10	1.00	
		<b>Total</b>	<b>4</b>	<b>40</b>	<b>4.00</b>	
9	Th.Rampur	SBI Th.rampur	3	30	3.00	
		<b>Total</b>	<b>3</b>	<b>30</b>	<b>3.00</b>	
10	Dharamgarh	BOB, Dharamgarh	1	10	1.00	
		SBI, Dharamgarh	1	10	1.00	
		<b>Total</b>	<b>2</b>	<b>20</b>	<b>2.00</b>	
11	Dharamgarh N.A.C	IOB, Dharamgarh	1	10	1.00	
		BOB, Dharamgarh	1	10	1.00	
		<b>Total</b>	<b>2</b>	<b>20</b>	<b>2.00</b>	
		SBI Junagarh	1	10	1.00	

Sl No	Name of the block	Name of the Bank	Revised Annual Target of 2021-22			Activity
			No. of SHG	No. of Benf.	Financial	
12	Junagarh	BOB Junagarh	1	11	1.00	Domain wise Activity Attached in Annexure- II
		Andhra Junagarh	1	10	1.00	
		SBI Charbahal	1	10	1.00	
		SBI Dasigaon	1	10	1.00	
		UCO Junagarh	1	10	1.00	
<b>Total</b>	<b>6</b>	<b>61</b>	<b>6.00</b>			
13	Junagarh N.A.C	PNB, Junagarh	2	20	2.00	
		<b>Total</b>	<b>2</b>	<b>20</b>	<b>2.00</b>	
14	Jaipatna	SBI Jaipatna	1	10	1.00	
		IOB Mukhiguda	1	10	1.00	
		<b>Total</b>	<b>2</b>	<b>20</b>	<b>2.00</b>	
15	Koksara	SBI, Koksara	1	10	1.00	
		SBI Ampani	1	10	1.00	
		<b>Total</b>	<b>2</b>	<b>20</b>	<b>2.00</b>	
16	Golamunda	SBI, Golamunda	1	10	1.00	
		SBI, Forang	1	10	1.00	
		UGB Kegaon	1	10	1.00	
		UGB Mahaling	1	10	1.00	
		UGB, Daspur	0	0	0.00	
<b>Total</b>	<b>4</b>	<b>40</b>	<b>4.00</b>			
17	Kalampur	SBI Kalampur	1	10	1.10	
		SBI Bijmara	1	10	1.00	
		UGB, Mandal	1	10	1.00	
		<b>Total</b>	<b>3</b>	<b>30</b>	<b>3.10</b>	
		<b>G. Total</b>	<b>57</b>	<b>577</b>	<b>57.70</b>	



Chief Manager  
Lead Bank Office SBI, Bhawanipatna

DWO-cum-District Manager  
OSFDC Ltd, Kalahandi

Collector-cum- Chairman  
OSFDC Ltd. Kalahandi

4. Activities

Sl No	Name of Domain	Activity
1	Agriculture and Soil Conservation	Vegetable Cultivation
		Mushroom Cultivation
		Betel vine Cultivation
		Commercial Crop Programme in SC cultivators' land
		Cashew Cultivation
		Sericulture & related activities
		Honey Bee Keeping & Processing & any other scheme if any
2	Horticulture	Banana Cultivation
		Small Nurseries,
		Seed farm & any other scheme if any
3	Animal Husbandry	Assistance for Milch cattle & Dairy Farming
		Assistance for Poultry
		Assistance for Pigs and duck units
		Assistance for Goat/Sheep & any other scheme if any
4	Fishery	Assistance to SC Families for Pisciculture
		Assistance to SC fishermen to Purchase fishing Boats, Nets etc. & any other scheme if any
5	Minor Irrigation	Dug well
		Shallow Tube Well
6	Industry, Service and Business	Brick making Units
		Manufacturing unit
		Khali sticking
		Candle making
		Rice & Paddy processing
		Printing units
		Readymade Garment unit
		Retail shop, Grocery shop and Show Room
		Leather units
		Cane & Bamboo work
		Rope making
		Gems and Jewellery related activities
		Beauty Parlour
		Bakery unit
Boutiques & any other scheme if any		

All these projects are bankable projects.

The Block Level Selection Committee will scrutinize the EoIs along with the bank loan applications based on the SHG Selection Criteria and select the empanelled list of SHGs considering the targets in Annexure II. The Convener of the Committee cum CDPO shall share the empanelled list of selected SHGs with the BDO, EO NAC & EO Municipality



3

D.W.O.-cum-Dist. Manager  
O.S.F.D.C. Ltd., Kalahandi

**Basic information of SHG**

EOI for taking up the activity: \_\_\_\_\_

1. Name of the SHG: \_\_\_\_\_

2. SHG Address:

Village \_\_\_\_\_ Post office \_\_\_\_\_

GP / Ward \_\_\_\_\_ Block \_\_\_\_\_

District \_\_\_\_\_ PIN \_\_\_\_\_

ICDS Project \_\_\_\_\_

3. Year & Date of formation: \_\_\_\_\_

4. Total no. of members in SHG: \_\_\_\_\_

5. No of SC members in SHG: \_\_\_\_\_

6. Name of the village/Ward where the activity will be taken up: \_\_\_\_\_

7. Whether the SHG has undergone training on corresponding livelihood activity(Yes/No): \_\_\_\_\_

If Yes, please mention details:

8. Bank and Branch name \_\_\_\_\_

9. Funds Available in the Savings Bank Account: \_\_\_\_\_

(a) Regular Savings (Yes/ No):

(b) Amount of Savings (in Rs.):

(c) Weather Loan taken (Yes/No):-

if yes, mention the number of times loan availed:

(d) Mode of Loan Repayment (Regular / Irregular):

(e) Maintaining Meeting Register (Yes/ No):

(f) Cash Book maintained (Yes/ No):

10. Contact No: \_\_\_\_\_

11. Resolutions of the SHG to take up the activity is enclosed(Yes/No):

Signature of President

Date:

Signature of Secretary

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**Acknowledgement**

Received the Expression of Interest from \_\_\_\_\_ SHG, Village \_\_\_\_\_

GP \_\_\_\_\_, on date \_\_\_\_\_ for the Scheme Titled \_\_\_\_\_.

Signature of the CDPO/ Authorised Signatory

Date:

**ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ର ବିବରଣୀ**

କାର୍ଯ୍ୟ ପାଇଁ ଆବେଦନ ଫର୍ମ

1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ର ନାମ: \_\_\_\_\_
2. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ର ଠିକଣା :  
 ଗ୍ରାମ \_\_\_\_\_ ପୋଷ୍ଟ ଅଫିସ୍ \_\_\_\_\_  
 ଗ୍ରାମପଞ୍ଚାୟତ ବା ଖାର୍ଡ \_\_\_\_\_ ବ୍ଲକ୍ \_\_\_\_\_  
 ଜିଲ୍ଲା \_\_\_\_\_ ପିନ୍ \_\_\_\_\_  
 ଆଇସିଡିଏସ୍ ଅଫିସ୍ \_\_\_\_\_
3. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ର ଗଠନ ବର୍ଷ ଓ ତାରିଖ: \_\_\_\_\_
4. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ର ସମୁଦାୟ ସଦସ୍ୟ ସଂଖ୍ୟା: \_\_\_\_\_
5. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ର SC ସଦସ୍ୟ ସଂଖ୍ୟା: \_\_\_\_\_
6. କାର୍ଯ୍ୟ କଳାପ କରିବାକୁ ଥିବା ଗାଁ / ଖାର୍ଡ ର ନାମ: \_\_\_\_\_
7. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ଅନୁରୂପ ଜୀବିକା କାର୍ଯ୍ୟକଳାପ ଉପରେ ତାଲିମ ନେଇଛି କି (ହଁ / ନା): \_\_\_\_\_  
 ଯଦି ହଁ, ଦୟାକରି ସବିଶେଷ ବିବରଣୀ ଉଲ୍ଲେଖ କରନ୍ତୁ:-
8. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ \_\_\_\_\_
9. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି :: \_\_\_\_\_:  
 a. ନିୟମିତ ଜମା (ହଁ/ ନା): \_\_\_\_\_  
 b. ସଞ୍ଚୟ ଟଙ୍କା (in Rs.): \_\_\_\_\_  
 c. ରଣ ନେଇଛନ୍ତି କି (ହଁ/ ନା), ଯଦି ହଁ କେତେ ଥର ରଣ ନେଇଛନ୍ତି: \_\_\_\_\_  
 d. ରଣ ପରିଶୋଧ (ନିୟମିତ/ ଅନିୟମିତ): \_\_\_\_\_  
 e. ନିୟମିତ ବୈଠକ ଖାତା ଲିଖନ (ହଁ/ ନା): \_\_\_\_\_  
 f. ନିୟମିତ କ୍ୟାଶ ବହି (Cash Book) ଲିଖନ (ହଁ/ ନା): \_\_\_\_\_
10. ଯୋଗାଯୋଗ ନମ୍ବର : \_\_\_\_\_
11. କାର୍ଯ୍ୟକଳାପ କରୁଥିବା ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ର ବୈଠକ ବିବରଣୀ ସଂଲଗ୍ନ ହୋଇଛି କି (ହଁ/ ନା): \_\_\_\_\_

ଦସ୍ତଖତ (ସଭାପତି)

ଦସ୍ତଖତ (ସମ୍ପାଦିକା)

ତାରିଖ :

**Acknowledgement**

Received the Expression of Interest from \_\_\_\_\_ SHG, Village \_\_\_\_\_

GP \_\_\_\_\_, on date \_\_\_\_\_ for the Scheme Titled \_\_\_\_\_.

Signature of the CDPO/ Authorised Signatory

Date:

**Loan Application form under Group Bankable Income Generating Schemes for SC, SHG**

Name of the Self-Help Group : .....

Address : VILLAGE \_\_\_\_\_ POST OFFICE \_\_\_\_\_ GP \_\_\_\_\_ Block \_\_\_\_\_  
DIST \_\_\_\_\_ PIN \_\_\_\_\_.

Formed/Established on Registered Yes/No

If Registered : give number and date & furnish

True copy of the Certificate of Registration. :

Number of members in the Group : \_\_\_\_\_ Present Livelihood Activities  
undertaking. \_\_\_\_\_.

To

The Branch Manager, Date:

\_\_\_\_\_  
\_\_\_\_\_  
Bank/Branch

**APPLICATION FOR LOAN**

Dear Sir,

We the duly authorised representatives of the above SHG hereby apply for a loan aggregating Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only for onward-lending to our Members for \_\_\_\_\_ schemes.

The financial particulars of the group as on dt. \_\_\_\_\_ are given in the enclosed sheet. (Date)

We have not availed loan earlier from any other Bank/Financing Institution and not defaulted in repayment.

REPAYMENT SCHEDULED

We agree to repay the loan amount as per the repayment schedule, which may be fixed by the Bank.

3. We hereby declare that particulars given above are true and correct to the best of our knowledge and belief.

4. We hereby authorise the Bank to disclose all or any particular or details of information relating to our loan accounts with the Bank to any other financial institution including NABARD, Government or any agency as may be considered necessary or desirable by the Bank. It will be in order for the OSFDC to disqualify the SHG from receiving any credit facilities from the Bank and / or recall the entire loan amount or any part thereof granted on this application, if any of the information pertaining to the Group, furnished herewith is found incorrect and / or containing misrepresentation of facts.

5. The Xerox copy of our SB Pass Book bearing No \_\_\_\_\_ of \_\_\_\_\_ Bank with credit of Rs. \_\_\_\_\_ as our \_\_\_\_\_ is enclose.

Yours faithfully,

1. (President)

2 (Secretary)

(Authorised representatives)

Certified that the Self Help Group fulfills the eligibility criteria fixed by the Orissa Sch. Caste & Sch. Tribe Development Finance Co-operative Corporation Ltd. and that the particulars / data furnished in the application form are correct to the best of my knowledge and belief. The total cost of the scheme / project would be Rs. \_\_\_\_\_ out of which bank loan Rs. \_\_\_\_\_ and Subsidy Rs. \_\_\_\_\_.

Signature of the Recommending Officer

Block Development Officer/Executive Officer

(With Seal)

Date :

Place :

STATUS OF SELF HELP GROUP

Financial Particulars as on dt. \_\_\_\_\_

1. Name of the Self Help Group
2. Location
3. Account No.
4. Bank

Sl. No.	Particulars	Amount (In Rupees)
(1)	(2)	(3)
1.	Saving from Members	
2.	Seed Money from SHPI (NGO) if any	
3.	Borrowing outstanding (Please specify source)	
4.	Loan outstanding against members	
5.	Amount in default, if any, against members	
6.	Recovery percentage	
7.	Cash Balance	
8.	Bank Balance	
9.	Total Balance (Sl. No.7 & Sl. No.8)	

1. President :
2. Secretary :

Counter Signed By

C.D.P.O  
Block  
(with seal)

W.E.O.  
Block/community  
Organizer  
(with seal)

B.D.O., Block/  
Executive Officer,  
Urban Local Body  
(with seal)

NAME AND OTHER DETAILS OF THE MEMBERS OF THE SELF HELP GROUP

Village \_\_\_\_\_ Block \_\_\_\_\_ Dist. \_\_\_\_\_

SL. No.	Name of the member of the SHG	Father / Husband name & Address	Age	Caste/Tribe Sub-Caste/Sub-Tribe	Education Qualification	Annual Income of the family	BPL Card No.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

1. Name of the President of the Group

2. Name of the Secretary of the Group

Certified that the information furnished by the Group is verified and found correct to the best of my knowledge and belief.

President  
(with seal)

Secretary  
(with seal)

W.E.O.  
Block/community  
Organizer  
(with seal)

For Bank use

APPRAISAL

- a. Date of receipt of application from OSFDC / BDO / Urban Local Body
- b. Whether the proposed activity / activities is / are technically feasible :
- c. Whether Backward and forward linkage are available
- d. Financial Liability

Type of investment / Total cost of the scheme Expected / Income from the new Investment

	Expenditure on	Net Income
Gross Income	Maintenance etc.	Rs.
	of the assets.	

Working capital component, where ever applicable to be mentioned separately.

- e. Subsidy amount available of the investment (i) (ii)
- f. Loan amount including working capital, whenever necessary recommended.

**Type of Investment**

**Amount in Rs.**

- g. Repayment schedule recommended  
To be repaid in ..... Month / quarterly / half yearly / yearly instalments commencing from ..... at Rs..... per instalment with balance payment of Rs..... as the first instalment.
- h. Rate of interest
- a. Security (i) Primary (ii) Additional if any
- j. Other Terms & Conditions (i) Insurance
- k. Whether RBI/NABARD norms relating to rate of interest unit cost, gestation period repayment period etc. have been fully complied with.

**Signature of Processing Officer**

or

**(Reasons thereof are to be recorded)**

**(with seal)**

xx. Sanction as per the above terms and conditions

Rejected / Reduced amount sanctioned

**Signature of Branch Manager**

Date. \_\_\_\_\_

(with seal)