

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

(Social Welfare Section)

No. 3379 /Mission Shakti

Date. 19/10/23

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 6th Nov. 2023 towards Bankable Income Generating activity. SHGs should be from the same Block where they propose to take up the activity. Target for selection @ 2 no's of WSHG per Block/ULB under Bankable Income Generating Schemes of SC for year 2023-24.

Enclosed:

- Annexure- A: - Parameter for Selection of WSHG/SHG Federations for Bankable Income Generating Scheme.
- Annexure- B: - 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. 3380 Dt. 19 / 10 / 2023

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 ଜ୍ଞ କାର୍ଯ୍ୟାଳୟ

ଭବାନୀପାଟଣା

(ସମାଜ ମଙ୍ଗଳ ବିଭାଗ)

ପତ୍ର ସଂଖ୍ୟା: mm୭୮/ ମିଶନ ଶକ୍ତି

ତା: ୧୧/୧୦/୨୩

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

ଏତଦ୍ୱାରା ଆଗ୍ରହୀ ଅନୁସୂଚିତ ଜାତି ମହିଳା (50% ରୁ ଅଧିକ SC ସଦସ୍ୟ ଥିବା) ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ମାନଙ୍କୁ, ଓଡ଼ିଶା ଅନୁସୂଚିତ ଜାତି ଏବଂ ଅନୁସୂଚିତ ଜନଜାତି ବିକାଶ ଫାଉନଡ଼ି କୋଅପରେଟିଭ୍ କର୍ପୋରେସନ୍ ଲିମିଟେଡ୍) ର "ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍" ନିମନ୍ତେ ସମ୍ବନ୍ଧିତ ଶିଶୁ ବିକାଶ ପ୍ରକଳ୍ପ ଅଧିକାରୀ ଜ୍ଞ କାର୍ଯ୍ୟାଳୟ ରେ ଫର୍ମାଟ୍-୧ ଓ ୨ ଅନୁସାରେ ଆବେଦନପତ୍ର ଦାଖଲ ନିମନ୍ତେ ବିଜ୍ଞାପନ ଆହ୍ୱାନ କରାଯାଉଅଛି । ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ଏହି ବିଜ୍ଞାପନ ର ୧୫ ଦିନ ମଧ୍ୟରେ ଅର୍ଥାତ୍ 05/୧୧/୨୦୨୩ ସୁଦ୍ଧା ନିଜର ଆବେଦନପତ୍ର ଦାଖଲ କରିବେ । ଉକ୍ତ କାର୍ଯ୍ୟରେ ନିୟୋଜିତ ହେବା ପାଇଁ ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ/ ମହାସଂଘ ସେହି ସମାନ ବ୍ଲକ୍ ରୁ ହୋଇଥିବା ଆବଶ୍ୟକ । ୨୦୨୩-୨୪ ବର୍ଷ ପାଇଁ ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍ ଅଧୀନରେ ପ୍ରତି ବ୍ଲକ୍/ସ୍ଥାନୀୟ ପିଛା ଡବ୍ଲୁଏସଏଚଜିର ୨ ନଂ ହାରରେ ଚୟନ ପାଇଁ ଲକ୍ଷ୍ୟ ରଖାଯାଇଛି ।

- ସଂଲଗ୍ନ ପରିଶିଷ୍ଟ -A :- ଓଡ଼ିଶା ଅନୁସୂଚିତ ଜାତି ଏବଂ ଅନୁସୂଚିତ ଜନଜାତି ବିକାଶ ଫାଉନଡ଼ି କୋଅପରେଟିଭ୍ କର୍ପୋରେସନ୍ ଲିମିଟେଡ୍) ର "ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍" ନିମନ୍ତେ ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ଚୟନର ନିୟମାବଳୀ ।
- ପରିଶିଷ୍ଟ -B :- ବ୍ୟାଙ୍କେବଲ୍ ଇନକମ ଜେନେରେଟିଂ ସ୍କିମ୍ ଅନ୍ତର୍ଗତ କାର୍ଯ୍ୟକଳାପ ।
- ଫର୍ମାଟ୍-୧ ଓ ୨ :- ଶିଶୁ ବିକାଶ ପ୍ରକଳ୍ପ ଅଧିକାରୀ ଜ୍ଞ ଠାରେ ଉପଲବ୍ଧ ଓଡ଼ିଆ ଏବଂ ଇଂରାଜୀ ଭାଷାରେ ଲିଖିତ ଆବେଦନ ପତ୍ର ।

ସୂଚନା :- ଉକ୍ତ କାର୍ଯ୍ୟ ପାଇଁ ଆବେଦନକାରୀ ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀମାନେ ସଂପୃକ୍ତ ବ୍ଲକ୍ କଲ୍ୟାଣ ସମ୍ପ୍ରସାରଣ ଅଧିକାରୀ(WEO) ଠାରୁ ଏହି ଯୋଜନା ବିଷୟରେ ବିସ୍ତୃତ ସୂଚନା ପାଇପାରିବେ ।

ପ୍ରକାଶିତ ହେବା ପ୍ରମାଣ
୧୧-୧୦-୨୩
ଜିଲ୍ଲା ସମାଜ ମଙ୍ଗଳ ଅଧିକାରୀ
କଳାହାଣ୍ଡି

- ଜ୍ଞାପକ ସଂଖ୍ୟା mm୮୦/ ମିଶନ ଶକ୍ତି ତା: ୧୧/୧୦/୨୩
- ଏହାର ଏକକିତା ନକଲ ସମସ୍ତ ଶିଶୁ ବିକାଶ ପ୍ରକଳ୍ପ ଅଧିକାରୀ, କଳାହାଣ୍ଡି ଜ୍ଞ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ଓ ସେମାନେ ଏହି ବିଜ୍ଞାପନ ପତ୍ର କୁ ନିଜ ଫଳକରେ ଲଗାଇବା ସହ ଗୋଷ୍ଠୀ ଉନ୍ନୟନ ଅଧିକାରୀ, ଏନଏସି / ମୁନିକିପାଲିଟି କାର୍ଯ୍ୟାଳୟ, ସମ୍ପୃକ୍ତ ଅଙ୍ଗନୱାଡ଼ି କେନ୍ଦ୍ର, ଗ୍ରାମପଞ୍ଚାୟତ କାର୍ଯ୍ୟାଳୟ ଏବଂ ବ୍ଲକ୍ ଓ ପଞ୍ଚାୟତ ମହାସଂଘ କାର୍ଯ୍ୟାଳୟ ର ବିଜ୍ଞାପନ ଫଳକରେ ଲଗାଇବା ନିମନ୍ତେ ଅନୁରୋଧ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ EO (ଧର୍ମଗଡ଼ ଏନଏସି/ କେସିଙ୍ଗା ଏନଏସି/ ଜୁନାଗଡ଼ ଏନଏସି/ ଭବାନୀପାଟଣା ମୁନିକିପାଲିଟି ଜ୍ଞ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ DPM(OLM) ଜ୍ଞ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ଓ ଏହି ବିଜ୍ଞାପନ ଜିଲ୍ଲା ର ସମସ୍ତ CRP/MBK/GPLF/SHGs ଜ୍ଞ ଅବଗତି କରିବା ନିମନ୍ତେ ଅନୁରୋଧ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ ସମସ୍ତ ବ୍ଲକ୍ ଉନ୍ନୟନ ଅଧିକାରୀ, କଳାହାଣ୍ଡି ଜ୍ଞ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ ଜିଲ୍ଲା ସୂଚନା ଅଧିକାରୀ, କଳାହାଣ୍ଡି ଜ୍ଞ ଅବଗତି ନିମନ୍ତେ ଏବଂ ଜିଲ୍ଲା ଖେପସାଇଟ ରେ ବିଜ୍ଞାପନ ବାହାର କରିବା ପାଇଁ ପ୍ରେରଣକରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ DWO, କଳାହାଣ୍ଡି ଜ୍ଞ 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 ଜ୍ଞ 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 ଜ୍ଞ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ।
- ଏହାର ଏକକିତା ନକଲ କଲେକ୍ଟର ଏବଂ ଡିଏମ୍, କଳାହାଣ୍ଡି ଜ୍ଞ ଅବଗତି ନିମନ୍ତେ ପ୍ରେରଣ କରାଗଲା ।

ପ୍ରକାଶିତ ହେବା ପ୍ରମାଣ
୧୧-୧୦-୨୩
ଜିଲ୍ଲା ସମାଜ ମଙ୍ଗଳ ଅଧିକାରୀ
କଳାହାଣ୍ଡି

ପରିଶିଷ୍ଟ -A

ଓଡ଼ିଶା ଅନୁସୂଚିତ ଜାତି ଏବଂ ଅନୁସୂଚିତ ଜନଜାତି ବିକାଶ ପାଇନାନ୍ସ କୋଅପରେଟିଭ୍ କର୍ପୋରେସନ୍ ଲିମିଟେଡ୍) ର “ବ୍ୟାଙ୍କେବଲ୍ ଜନକମ 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 ଉଚ୍ଚ 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.

4 Activities

Sl No	Name of Domain	Activity
1	Agriculture and Conservation and Soil	Vegetable Cultivation
		Mushroom Cultivation
		Betel vine Cultivation
		Commercial Crop Programme in SC cultivators' land
		Cashew Cultivation
		Sericulture & related activities
2	Horticulture	Honey Bee Keeping & Processing & any other scheme if any
		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
		Knitting units
		Ready-made Garment unit
		Retail shop, Grocery shop and Show Room
		Leather units
		Wicker & Bamboo work
		Rope making
		Coins and Jewellery related activities
		Beauty Parlour
		Battery unit
Others & 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 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

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 ନେଇଛନ୍ତି 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. ରଶ ନେଇଛନ୍ତି କି (ହଁ/ ନା), ଯଦି ହଁ କେତେ ଥର ରଶ ନେଇଛନ୍ତି: _____
 - d. ରଶ 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 / Federation,
 Village _____ GP _____, on date _____ for the activity "Supply of School-
 Uniform for students studying in schools run by SC & ST Development Department".

Signature of the CDPO/ Authorised Signatory

Date:

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

Acknowledgement

Received the Expression of Interest from _____ SHG / Federation,
 Village _____ GP _____, on date _____ for the activity "Supply of School-
 Uniform for students studying in schools run by SC & ST Development Department".

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 onRegistered 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)

Annexure II

Recommendation of Block Level Selection Committee on SHGs for the scheme titled 'Bankable Income Generating Scheme.'

Name of the SHG	Name of Block / NAC / Municipality	Name of GP of Village	Name of Village	Date of formation	Bank Name	Branch Name	Bank Account Number	Amount of savings in Rs.	Whether Loan taken (Yes/No)	Mode of loan repayment (Regular/irregular)	Maintaining meeting Register (Yes/No)	Cash Book maintained (Yes/No)	Whether the SHG has undergone training on corresponding livelihood activity (Yes / No)
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Line Department Officer

EO, NAC / EO, Municipality

Child Development Project Officer

Block Development Officer