



Collectorate: Gajapati
District Office: Mission Shakti
(S.W.Section)

Phone No. 06815-222025

Email – dswogajapati@nic.in gajapati.missionshakti@gmail.com



Notice for Expression of Interest for selection of PVTG SHG for taking up 1000 Broiler Unit for the FY 2022-23 in convergence with FARD under "OPELIP" by ST & SC Development Department

Letter No.: - 102 /SW

Date: - 13 .01.2023

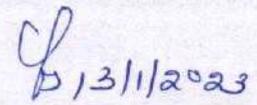
Interested WSHG/Federation having willingness and aptitude for the activity namely "1000 broiler unit for the FY 2022-23 in convergence with FARD" are invited to submit their proposal before CDPO Gumma in the mentioned format (enclosed as Annexure-II) within 15 (fifteen) days of this notice i.e. by 28.01.2023 towards above activity under "OPELIP" by **ST & SC Development Department**. SHGs should be from the same VDC/GP/MPA/BLOCK where they propose to take up the activity. Details target and the activity is enclosed in Annexure-I

Detailed eligibility criteria, selection procedure and application form is available in the Gajapati District Website i.e. www.gajapati.nic.in

The application must reach within the scheduled date and time at the office of the concerned CDPO of ICDS project Gumma. Application received after due date will be rejected.

Date of receipt of the applications with effect from: - 13.01.2023

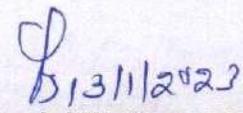
Last date for receiving the completed applications: - 28.01.2023, 5.00 PM


District Social Welfare Officer,
Gajapati

Memo No.: - 103 /SW

Date: - 13.01.2023

Copy to D.I.O, NIC Gajapati, Paralakhemundi for information with a request to webhost the notice.


District Social Welfare Officer,
Gajapati

Memo No.: - 104 /SW

Date: - 13 .01.2023

Copy to SO, LSDA Serango for favour of information and with a request to circulate this among their block officials for selection of eligible applicant.

F 
13/1/2023
**District Social Welfare Officer,
Gajapati**

Memo No.: - 105 /SW

Date: - 13 .01.2023

Copy to CDPO Gumma of this District for information and instructed to display the notice in their office and in all AWCs/Federations of their concerned block for fifteen days. The applications should be received as per the above notification with in the due dateline. They are requested to facilitate selection of willing and eligible WSHGs to take up this activity in accordance with the enclosed guideline.

F 
13/1/2023
**District Social Welfare Officer,
Gajapati**

Memo No.: - 106 /SW

Date: - 13 .01.2023

Copy to BDO Gumma of this District for favour of information and necessary action.

F 
13/1/2023
**District Social Welfare Officer,
Gajapati**

Memo No.: - 107 /SW

Date: - 13 .01.2023

Copy submitted to CDO-cum-EO, Zilla Parishad, Gajapati for favour of kind information.

F 
13/1/2023
**District Social Welfare Officer,
Gajapati**

Memo No.: - 108 /SW

Date: - 13 .01.2023

Copy submitted to PA to collector for kind information of Collector, Gajapati.

P *13/1/2023*
**District Social Welfare Officer,
Gajapati**

Memo No.: - 109 /SW

Date: - 13 .01.2023

Copy submitted to Joint Secretary to Govt., Department of Mission Shakti, Govt. of Odisha for favour of kind information.

P *13/1/2023*
**District Social Welfare Officer,
Gajapati**

1000 Broiler unit Target for the FY 2022-23 under OPELIP

| Sl. No. | Name of the SDA | Name of the Activity | No. of Target for the FY 22-23 |
|---------|-----------------|----------------------|--------------------------------|
| 1 | LSDA, Serango | 1000 Broiler Unit | 05 |

Time Frame

The project will be implemented during the year 2022-23.

Cost of one Broiler unit

| Sl No | Items of Investment | Cost in Rs. |
|-------|---|-------------|
| 1 | Cost of day Old Chicks @ Rs. 38/- each Rs 38.00 X 1000 | 38,000/- |
| 2 | Cost of poultry Shed 1000Sq. Ft @ RS. 200/- per Sq. ft. | 2,00,000 |
| 3 | Cost of Feeding | |
| a | Up to 8 weeks of age @ 3.5 Kg/ bird for 1000 birds (Cost of feed Rs.30/- kg) =3.5kg x 1000 birds x Rs 30.00 | 1,05,000/- |
| 4 | Cost of Equipment @ Rs. 8/ per bird | 8,000/- |
| 5 | Cost of Medicine, Vaccine, litter material @ Rs. 8/- bird | 8,000/- |
| 6 | Cost of litter material | 1000/- |
| | Total Cost | 3,60,000/- |

Income from 5 batches of broiler rearing in a year

| | | |
|---|--|----------------|
| 1 | By sale of bird say 1000 x 5 =5000/ 4750 (with 5% mortality), 4750 X 2.5 Kg/bird X Rs 95/Kg | Rs 11,28,125/- |
| 2 | Expenditure(Chick cost+feed cost+ litter material cost) for 5 batch including cost of Poultry shed and Equipments | Rs 968000/- |
| 3 | Net income (1-2) | Rs 160125/- |
| 4 | Manure | Rs 2000/- |
| 5 | Total Income | Rs 162125/- |
| 6 | Total Gross Income(12 Month) | Rs 162125/- |
| 7 | Gross Income Per Month | Rs 13510/- |

Format for Application

Name of the activity: _____

1. Name of the SHG: _____
2. SHG Address: _____ Village _____ Post Office _____ GP
_____ Block _____ District _____

MPA Name _____

ICDS Project _____ PIN _____

3. Year of Formation: _____
4. Whether the SHG having all PVTG members (Yes/No): _____
5. Present livelihood activities undertaking: _____
6. Name of village / business area where the activity will be taken up: _____
7. Whether the SHG has undergone training at Krishi Vigyan Kendras (KVKs) or by OPELIP (ST & SC Development Department) or any other agencies for the interested activity. (Yes / No): _____

If yes, please mention the details: _____

8. Whether the SHG fulfilling the desired criteria as mentioned to take up the activity (Yes / No): _____
9. Savings Account Number, Bank and Branch Name: _____
10. Funds available in the Savings Bank Account: _____
i. Regular Saving (Yes / No)
ii. Amount of savings (in Rs.):
iii. Whether Loan taken (Yes / No), if yes, mention the number of times loan availed
iv. Mode of loan repayment (Regular / irregular):
v. Meeting Register maintained (Yes / No):
vi. Cash Book maintained (Yes / No):

11. Contact No: _____

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

Name & Signature of the Authorized Person of the SHG

Date:

11-30-2014

Acknowledgement

Received the Expression of Interest from _____ SHG,
_____ Village, on date _____ for the
activity _____

Signature of the CDPO / Authorized Signatory

Date: