



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

ନିଶ୍ଚଳ
ଶକ୍ତି

Phone No. 06815-222025

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

Notice for Expression of Interest for (Odisha Schedule Caste & Schedule Tribes Development Finance Co-operative Corporation Ltd) Scheme titled “Bankable Income Generating Scheme”

Letter No.: - 1803 /SW

Date: - 21.12.2021

Interested BPL SC WSHG (having more than 50% of SC members) 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 format I & II (enclosed as Annexure-II) within 15 (fifteen) working days of this notice i.e. by 07.01.2022 towards **Bankable Income Generating Activities**. SHGs should be from the same Block where they propose to take up the activity. Block wise target for the Financial Year 2021-22 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 Gosani/ Gumma/ Kashinagar/ Mohana/ Nuagada/ R. Udayagiri/ Rayagada. Application received after due date will be rejected.

Date of receipt of the applications with effect from: - 21.12.2021

Last date for receiving the completed applications: - 07.01.2022


20.12.21
District Social Welfare Officer,
Gajapati

Memo No.: - 1804 /SW

Date: - 21.12.2021

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


20.12.21
District Social Welfare Officer,
Gajapati

Memo No.: - 1805 /SW

Date: - 21.12.2021

Copy to District Welfare Officer, Gajapati for favour of information and with a request to circulate this among their block officials for selection of eligible applicant.


**District Social Welfare Officer,
Gajapati**

Memo No.: - 1806 /SW

Date: - 21.12.2021

Copy to All CDPO of this District for information and instructed to display the notice and the format 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.


**District Social Welfare Officer,
Gajapati**

Memo No.: - 1807 /SW

Date: - 21.12.2021

Copy to all Block Development Officers of this District for favour of information and necessary action.


**District Social Welfare Officer,
Gajapati**

Memo No.: - 1808 /SW

Date: - 21.12.2021

Copy submitted to steno to Collector, for kind information of Collector, Gajapati.


**District Social Welfare Officer,
Gajapati**

Annexure-I

Distribution of Annual target under point 11(A)& 11(B) of 20 point programme for the year 2021-2022.

Sl. No.	Name of the Block/ULBs	Target for the year 2020-2021.			
		SC (SHG/Indv)	ST (SHG/Indv)	Name of the Bank/Branch	Target
1	2	3	4	5	6
1	Kasinagar Block	01SHG (Or) 10 Sc Indv	--	SBI, Kasinagar (or) Andhra Bank Kasinagar	01SHG (or) 10 Indv.
2	Gosani Block	01SHG (Or) 10 Sc Indv	--	UBI, Gosani (or) Indian Bank, Garabandha	01SHG (or) 10 Indv.
3	Paralakhemundi Municipality	04 SHG (or) 40 SC Indv.	--	U.Co.Bank, Pkd.	01 SHG (or) 10 Indv.
				SBI Mani Branch, ,Pkd	01 SHG (or) 10 Indv.
				Punjab National Bank,Pkd.	02 SHG (or) 20 Indv.
4	Nuagada Block	01SHG (Or) 10 Sc Indv.	--	SBI,Khajuripoda or Syndicate Bank ,Nuagada	01SHG (or) ,10 Indv.
5	Mohana Block		02 SHG (or) 20 ST Indv.	Canara bank Chandragiri or SBI Mohana	02 SHG (or) 20 Indv.
6	Gumma Block	01SHG (Or) 10 Sc Indv.	--	SBI,Gumma Or U.G.B Hadubhangi	01SHG (or) 10 Indv.
7	Rayagada Block	01SHG (Or) 10 Sc Indv.	--	Syndicate Bank ,Rayagada Or UGB ,Narayanpur	01SHG (or) 10 Indv.
8	R.Udayagiri Block	01SHG (Or) 10 Sc Indv.	--	SBI, Mahendragada or UGB, Ramagiri	01SHG (or) 10 Indv.
Total		10 SC SHG (or) 100 Indv.	02 SHG (or) 20 ST Indv		12 SHG (or) 130 Indv

[Signature]
Collector, Gajapati.

COLLECTOR, GAJAPATI

Basic Information of SHG

1. **EOI for taking up the activity:** _____
2. Name of the SHG: _____
3. SHG Address: Village _____ Post Office _____
GP _____ Block _____,
District _____ PIN _____
ICDS Project _____
3. Year of Formation: _____
4. Total No. of members in SHG: _____
5. No. of SC members in SHG: _____
6. Present livelihood activities undertaking: _____
7. Name of village where the activity will be taken up: _____
8. Whether the SHG has undergone training on corresponding livelihood activity (Yes/ No) or any other:
If Yes, please mention the details: _____
9. Bank and Branch Name: _____
10. Funds available in the Savings Bank Account: _____
 - a. Regular Saving (Yes/ No)
 - b. Amount of savings (in Rs.):
 - c. Whether Loan taken (Yes/No), if yes, mention the number of times loan availed
 - d. Mode of loan repayment (Regular/irregular):
 - e. Meeting Register maintained (Yes/No):
 - f. Cash Book maintained (Yes/No):
10. Contact No: _____
11. Resolution of the SHG to take up the activity is enclosed (Yes / No):

Name & Signature of the Authorised Person of the SHG
Date:

Acknowledgement

Received the Expression of Interest from _____ SHG, Village _____, 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

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