



Collectorate: Gajapati
District Office: Mission Shakti
Email – dswogajapati@nic.in
Gmail - gajapati.missionshakti@gmail.com

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Notice for Expression of Interest for Engagement of WSHGs in different Health activities under Health and Family Welfare Department

Letter No.: - 205 /MS-Gaj

Date: - 03.08.2023

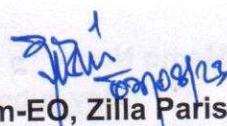
Interested WSHG/Federation having willingness and aptitude for different activities under **Health and Family Welfare Department** is invited to submit their proposal before the concerned CDPO in the mentioned format (enclosed as Annexure-II) within 15 (fifteen) days of this notice i.e. by 17.08.2023 towards **Management of Mission Shakti Café under "Ama Hospital" at DHH Paralakhemundi and CHC Chandragiri.** SHGs should be from the same locality where they propose to take up the activity.

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 and Mohana. Application received after due date will be rejected.

Date of receipt of the applications with effect from: - 03.08.2023

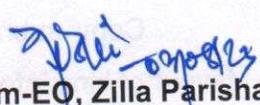
Last date for receiving the completed applications: - 17.08.2023 by 4.00PM.


CDO-cum-EO, Zilla Parishad,
Gajapati

Memo No.: - 206 /MS-Gaj

Date: - 03.08.2023

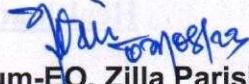
Copy to D.I.O, NIC Gajapati, Paralakhemundi for information with a request to webhost the notice.


CDO-cum-EO, Zilla Parishad,
Gajapati

Memo No.: - 207 /MS-Gaj

Date: - 03.08.2023

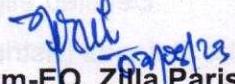
Copy to CDM & PHO-cum-DMD, Gajapati for favour of information and with a request to circulate this among their block officials for selection of eligible applicant.


CDO-cum-EO, Zilla Parishad,
Gajapati

Date: - 03.08.2023

Memo No.: - 208 /MS-Gaj

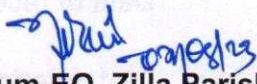
Copy to All CDPO of this District for information and instructed to display the notice and the format in their office and in all AWCs/Federations of their concerned block for fifteen days. The applications should be received as per the above notification with in the due dateline. They are requested to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


CDO-cum-EO, Zilla Parishad,
Gajapati

Date: - 03.08.2023

Memo No.: - 209 /MS-Gaj

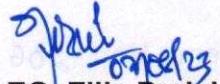
Copy to all Block Development Officers of this District for favour of information and necessary action.


CDO-cum-EO, Zilla Parishad,
Gajapati

Date: - 03.08.2023

Memo No.: - 210 /MS-Gaj

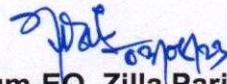
Copy submitted to steno to collector for kind information of Collector, Gajapati.


CDO-cum-EO, Zilla Parishad,
Gajapati

Date: - 03.08.2023

Memo No.: - 211 /MS-Gaj

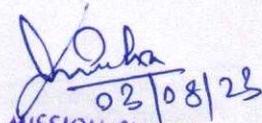
Copy submitted to Joint Secretary to Govt, Department of Mission Shakti, for favour of kind information.


CDO-cum-EO, Zilla Parishad,
Gajapati

**Common Criteria for Identification and selection of SHGs /
SHG Federations**

- I. SHG must have completed one year from the date of formation.
- II. SHG should belong to the same locality where they propose to take up the activity for management of Mission Shakti Café under "Ama Hospital".
- III. SHG must have an active Bank account.
- IV. SHG must not be a bank loan defaulter.
- V. SHG must have undertaken regular and systematic book keeping including maintenance of meeting register, cash book, updated passbook among others.
- VI. SHG must have an active food licence.

N.B:- SHG will select as per the guideline issued vide Letter No. 30953/HFW-COOD-MIS-0010-217 date 18.11.2021


02/08/22
D.P.C. MISSION SHAKTI
GAJAPATI (ODISHA)



Collectorate: Gajapati
District Office: Mission Shakti

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

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Annexure-II

Format

1. Name of the WSHG / Federation: _____
2. SHG / Federation Address (as applicable):
Village _____ Post Office _____
GP _____ Block _____,
District _____ PIN _____
ICDS Project _____
3. Year of Formation: _____
4. Name of the Village/ward where the activity will be taken up: _____
5. Whether the SHG involved in any income generating activity (Yes/No) _____
(Self-declaration of the SHG shall be attached)
6. Bank, Branch Name: _____
7. Funds available in the Savings Bank Account: Rs. _____
8. Whether following activities are practised:
 - (a) Regular Saving (Yes/No)
 - (b) Amount of saving (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)
9. Contact No: _____
10. Resolution of the SHG to take up the activity is enclosed (Yes/No):

Name & Signature of the authorised person of the WSHG

Date:

Acknowledgement

Received the Expression of Interest from _____ SHG,
Village/Ward _____, on date _____ for the management of Mission
Shakti Café under "Ama Hospital" at DHH Paralakhemundi / CHC, Chandragiri under
Health & Family welfare Department."

Signature of the CDPO/ Authorised Signatory

Date: