



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

Letter No.: - 391 /MS-Gaj

Date: - 30.11.2023

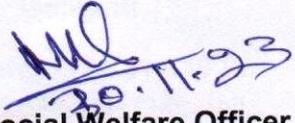
Interested WSHG/Federation having willingness and aptitude for different activities under **Health and Family Welfare Department** is invited to submit their proposal before the concerned CDPO in the mentioned format (enclosed as Annexure-II) within 15 (fifteen) days of this notice i.e. by 14.12.2023 towards **different activities under Health and Family Welfare Department**. SHGs should be from the same Block where they propose to take up the activity. Block and different activities wise target 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](http://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: - 30.11.2023

Last date for receiving the completed applications: - 14.12.2023, 4.00PM

  
District Social Welfare Officer,  
Gajapati

Memo No.: - 392 /MS-Gaj

Date: - 30.11.2023

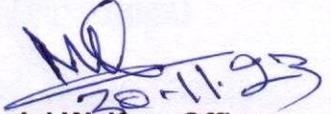
Copy to D.I.O, NIC Gajapati, Paralakhemundi for information with a request to webhost the notice.

  
District Social Welfare Officer,  
Gajapati

**Memo No.:** - 393 /MS-Gaj

**Date:** - 30.11.2023

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.

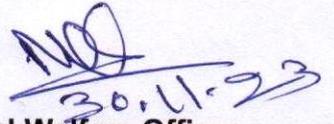
  
30.11.23

**District Social Welfare Officer,  
Gajapati**

**Memo No.:** - 394 /MS-Gaj

**Date:** - 30.11.2023

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.

  
30.11.23

**District Social Welfare Officer,  
Gajapati**

**Memo No.:** - 395 /MS-Gaj

**Date:** - .11.2023

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

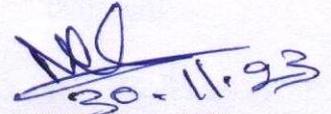
  
30.11.23

**District Social Welfare Officer,  
Gajapati**

**Memo No.:** - 396 /MS-Gaj

**Date:** - 30.11.2023

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

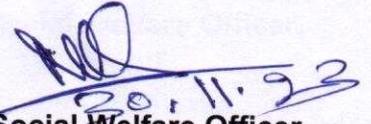
  
30.11.23

**District Social Welfare Officer,  
Gajapati**

**Memo No.:** - 397 /MS-Gaj

**Date:** - 30.11.2023

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

  
30.11.23

**District Social Welfare Officer,  
Gajapati**

## Target of SHGs Engagement in Health Sector Activities

Name of the District -Gajapati

Sl. No	Name of the Activities	DHH Paralakhem undi	Mohana	Chandragiri	R.Udayagiri	Nuagada	Rayagada	Gosani	Kashinagar	Gumma	UPHC	Total
1	House Keeping & Cleanliness Service at Sub-center Level HWCs	0	21	0	11	12	16	11	9	14	0	94
2	Observation of Selected Health Days at Village Level of SC/PHC/UPHC Level HWCs	0	26	0	14	14	19	14	11	17	1	116
3	Alternative Vaccine Delivery (Provision of Volunteers for transportation of Vaccine carrier from ILR points to session sites on immunization Day)	0	6	0	3	2	3	3	3	4	0	24
4	Sputum Transportation to Designated Microscopic Centers	1	3	0	1	1	1	1	2	1	0	11
5	Supply of Hospital Diet	0	6	0	3	3	4	3	3	2	0	24
6	Management of Help Desk at DHH/SDH Level Institutions	0	0	0	0	0	0	0	0	0	0	0
7	Management of Attendant Rest shed at DHH & SDH Level through RKS	1	0	0	0	0	0	0	0	0	0	1
8	Operationalisation of Vending Kiosks/Canteens etc. through RKS	0	1	0	1	1	0	1	1	0	0	5
9	Management of Garden at SDH/CHC/PHC/SC level through RKS	0	28	0	15	15	20	15	12	18	1	124
10	Management of Mission Shakti Café at Hospitals under AMA Hospital initiatives.	1	0	1	0	0	0	0	0	0	0	2
<b>Total No. of SHG Engaged</b>		3	91	1	48	48	63	48	41	56	2	401

**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  
\_\_\_\_\_ activity under Health & Family  
welfare Department."

Signature of the CDPO/ Authorised Signatory

Date: