



ନିଶ୍ଚଳ ଶକ୍ତି ବିଭାଗ
ଓଡ଼ିଶା ସରକାର
Department of MISSION SHAKTI
Government of Odisha
ICDS Project, Paralakhemundi (Gosani), Gajapati, Pin-761210
Email Id. - cdpogosani@gmail.com



Notice for Expression of Interest for selection of SHG/SHG Federations for engaged in "Mission Shakti Cafe at "DHH Paralakhemundi.

Letter No.: - 1288/ICDS

Date: - 13-12-2024

Interested SHG/SHG Federations, BLF, Area Level Federations- ALF) and Producer Groups having the willingness and aptitude for the activity titled "Management of Mission Shakti Cafe" are invited to submit their proposal before the concerned CDPO in the mentioned format along with application form (enclosed as Annexure-II) within 15 (fifteen) days of this advertisement i.e. by 27.12.2024 towards management of "Mission Shakti Cafe" at DHH Paralakhemundi.

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

Date of receipt of the applications with effect from: -

Last date for receiving the completed applications: -

Allok
13/12/2024
Child Development Project Officer
Paralakhemundi (Gosani)

Memo No.: - 1289/ICDS

Date: - 13-12-2024

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

Allok
13/12/2024
Child Development Project Officer
Paralakhemundi (Gosani)

Memo No.: - 1290/ICDS

Date: -

Copy to BDO Gosani and EO Paralakhemundi, Municipality for information with a request to in the office notice board for 15 days.

Allok
13/12/2024
Child Development Project Officer
Paralakhemundi (Gosani)

Memo No.: - 1291/ICDS

Date: -

Copy to all AWCs/ BLFs/ GPLFs to display this notice for 15 days.

Allok
13/12/2024
Child Development Project Officer
Paralakhemundi, (Gosani)



MISSION
Shakti
Empowered Women | Empowered Odisha

ମିଶନ ଶକ୍ତି ବିଭାଗ
ଓଡ଼ିଶା ସରକାର

Department of MISSION SHAKTI

Government of Odisha

ICDS Project, Paralakhemundi (Gosani), Gajapati, Pin-761210

Email Id. - cdpogosani@gmail.com

ମିଶନ
ଶକ୍ତି
ସକଳ ମହିଳା | ସକଳ ଶକ୍ତି

Memo No.: -12921 ICDS

Copy to CDM & PHO-cum-DMD, Gajapati for favour of kind information.

Date: -13-12-2024

Alal
13/12/2024
Child Development Project Officer
Paralakhemundi (Gosani)

Memo No.: - 12931 ICDS

Copy to CDO-cum-EO, ZillaParishad Gajapati and DSWO, Gajapati for favour of kind information.

Date: 13-12-2024

Alal
13/12/2024
Child Development Project Officer
Paralakhemundi (Gosani)

Memo No.: -12941 ICDS

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

Date: -13-12-2024

Alal
13/12/2024
Child Development Project Officer
Paralakhemundi (Gosani)



Department of Mission Shakti
Block : Gosani, District: Gajapati
ICDS Project, Paralakhemundi (Gosani), Gajapati, Pin-761210
Email Id: -cdpogosani@gmail.com



Annexure-II

Application 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. Present livelihood activities undertaking: _____
5. Name of the Village where the activity will be taken up: _____
6. Whether the SHG undergone training at krishi Vigyan Kendras (KVKs) or by Department of Agriculture & F.E on Corresponding livelihood activity (Yes/No) _____

If yes, please mention the details

7. Savings Bank Account Number: _____
8. Bank, Branch Name: _____
9. IFS Code: _____
10. Funds available in the Savings Bank Account: Rs. _____
11. 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)
12. Contact No: _____
13. 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 / Federation,
_____ village, on date _____ for engaged in "Mission Shakti Café" at
DHH Paralakhemundi . _____.

Signature of the CDPO/ Authorised Signatory
Date