



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
ସକ୍ଷମ ମହିଳା, ସକ୍ଷମ ଓଡ଼ିଶା

Letter No. 202

Date 05.02.25

Notice for Expression of Intrest for WSHGs for establishment of Custom Hiring Center (CHC) under the Scheme IAP Cotton for the Year-2024-25 for Gosani Block.

Interested WSHGs / SHG Federations having willingness and aptitude for the scheme titled "WSHGs for establishment of custom Hiring Center (CHC) under the Scheme IAP Cotton for the Year-2024-25 for Gosani Block" under Agriculture Department invited to submit their proposal before the concerned CDPO in the mentioned format (enclosed as Annexure-II) within 07 (Seven) days of this notice i.e. by 11.02.2025 SHGs should be from the same GP where they propose to take up the activity.

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

Date of receipt of the applications with effect from: - 05.02.2025

Last date for receiving the completed applications: - 11.02.2025

NB: The Application SHG Can get the details information on the scheme from the concerned BAO/AAO of the concerned block.

Memo No.: - 203 /

Copy to District e-Governance Manager, Collectorate Gajapati, Paralakhemundi for information with a request to webhost the notice.

MLA 5.2.2025
Child Development Project Officer
Child Dev. Project Office
Paralakhemundi (Gosani)

Date: - 05.02.2025

Memo No.: - 204 /

Copy along with copy of the enclosure submitted to the Block Development Officer, Paralakhemundi (Gosani) for favour of kind information and requested to display the notice and format in the office notice board.

MLA 5.2.2025
Child Development Project Officer
Child Dev. Project Office
Paralakhemundi (Gosani)

Date: - 05.02.2025

MLA 5.2.2025
Child Development Project Officer
Child Dev. Project Office: ..
Paralakhemundi (Gosani)



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Memo No.: - 205

Date: - 05.02.25

Copy along with copy of the enclosure submitted to the Block Agriculture Officer Paralakhemundi (Gosani) and the Assistant Agriculture Officer, Paralakhemundi (Gosani) for favour of kind information and necessary action and requested to display the notice and format in the office notice board.

Allal
5.2.2025
Child Development Project Officer
Paralakhemundi (Gosani)

Memo No.: - 206 /

Date: - 05.02.2025

Copy along with copy of the enclosure forwarded to the all Lady Supervisor of ICDS Project, Paralakhemundi(Gosani)for information and instructed to display the notice and the format in their all AWCs/Federation/GP office of their sector for Seven days. The application should be received as per the above notification within due dateline. They are request to facilitate selection of willing and eligible WSHG members to take up this activity in accordance with the enclosed guideline.

Allal
5.2.2025
Child Development Project Officer
Child Dev Project Office
Paralakhemundi (Gosani)

Memo No.: - 207 /

Date: 05.02.2025

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

Allal
5.2.2025
Child Development Project Officer
Paralakhemundi (Gosani)
Child Dev Project Office

Memo No.: - 208 /

Date: - 05.02.2025

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

Allal
5.2.2025
Child Development Project Officer
Paralakhemundi (Gosani)
Child Dev Project Office
Paralakhemundi (Gosani)

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 the Scheme titled _____.

Signature of the CDPO/ Authorised Signatory

Date