



Collectorate: Gajapati
District Office: Mission Shakti
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Gmail - gajapati.missionshakti@gmail.com

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Notice for Expression of Interest for Engagement of WSHGs for Market Complex, Basant Niwas, Paralakhemundi for the year 2025-26.

Letter No.: - 2054/MS-Gaj

Date: 18.11.2025

Interested WSHG / Federation having willingness and aptitude to Engagement of WSHGs (06 nos of WSHGs) for Market Complex, Basant Niwas, Paralakhemundi is invited to submit their proposal in the mentioned format i.e by 29/11/2025..... such willingness shall be submitted District Mission Shakti Office, Paralakhemundi by hand / registered post with A.D.

Detailed eligibility criteria, selection procedure and application form is available in the Gajapati District Website i.e. www.gajapati.odisha.gov.in.

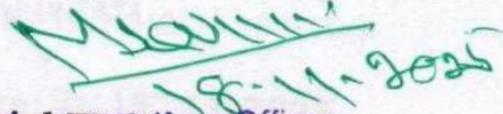
The application must reach within the scheduled date and time at the District Mission Shakti Office, Gajapati. Applications received after due date will be rejected.

Date of receipt of the applications with effect from: - 18 / 11 / 2025

Last date for receiving the completed applications: - 29 / 11 / 2025

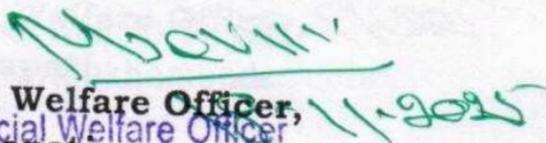
Encl:- Application form

1. SHG must have completed six months from the date of formation.
2. SHG must have active bank passbook.
3. SHG must have undertaken regular and systemic book keeping including maintenance of meeting register, cash book, updated passbook among others.
4. SHG not be a bank loan defaulter.
5. SHG saving account have minimum balance of Rs.50,000/-
6. SHG must have food licenses.
7. SHG proper maintain in hygienic in all products.
8. SHG not used polythine for the purchase of products.
9. Branding and packaging is must be used for purchase of the products.
10. Resolution copy is attached.


District Social Welfare Officer,
Gajapati, Paralakhemundi
Date: - 18.11.2025

Memo No.: - 2055/MS-Gaj

Copy submitted to the D.e.G.M, Collectorate, Gajapati, Paralakhemundi for favour of kind information with a request to webhost the notice.


District Social Welfare Officer,
Gajapati, Paralakhemundi

Memo No.: - 2056/MS-Gaj

Date: - 18.11.2025

Copy to all the Child Development Project Officers of this District for information and instructed to display the notice and format in their office and in all AWC / Federations of their concerned block for ten days. The application should be received as per the above notification within the due dateline. They are requested to facilitate selection of willing and capable SHGs to take up this activity in accordance.


District Social Welfare Officer,
Gajapati Paralakhemundi

Memo No.: - 2057 /MS-Gaj

Date: - 18.11.2025

Copy submitted to the District Cultural Officer, Gajapati for kind information & necessary action.


District Social Welfare Officer,
Gajapati Paralakhemundi

Memo No.: - 2058 /MS-Gaj

Date: - 18.11.2025

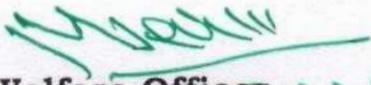
Copy submitted to the District Tourist Officer, Gajapati for kind information & necessary action.


District Social Welfare Officer,
Gajapati Paralakhemundi

Memo No.: - 2059 /MS-Gaj

Date: - 18.11.2025

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


District Social Welfare Officer,
Gajapati Paralakhemundi

Memo No.: - 2060 /MS-Gaj

Date: - 18.11.2025

Copy submitted to the Additional Secretary to Govt., Department of Mission Shakti, Odisha, Bhubaneswar for favour of kind information.


District Social Welfare Officer,
Gajapati Paralakhemundi

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. *Food Licenses No.*: _____
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 *DSWO* / Authorised Signatory
 Date: _____