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ମିଶନଶକ୍ତି ବିଭାଗ
ଓଡ଼ିଶା ସରକାର
Department of MISSION SHAKTI
Government of Odisha

ମିଶନ
ଶକ୍ତି
ସମସ୍ତ ମହିଳା | ସମସ୍ତ ଓଡ଼ିଶା

ICDS Project, Paralakhemundi(Gosani), Gajapati, Pin-761210
Email Id. - cdpgosani@gmail.com

Letter No.: - ୪୪୪

Date: - 01.06.2026

Notice for Expression of Interest for Engagement of SHGs in AAM SCs for Housekeeping activities under Health and Family Welfare Department

Interested WSHGs / SHG Federations having willingness and aptitude for the scheme titled "WSHGs for taking up Housekeeping activities Under Health and Family Welfare Department" is invited to submit their proposal before the concerned CDPO, Paralakhemundi (Gosani) in the mentioned format (enclosed as Annexure-II) within 15 (fifteen) days of this notice i.e. by 15.06.2026 SHGs should be from the same AAM SC jurisdiction where they propose to take up the activity in below mentioned AAM SCs.

1. Jangalpadu, AAM SC
2. Badakotturu, AAM SC
3. Vinala, AAM SC
4. Machamara AAM SC
5. Kharasonda AAM SC

Detailed Notification and application form is available in the Gajapati District Website i.e. www.gajapatidistrict.gov.in Gajapati. odisha. gov.in.

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

Date of receipt of the applications with effect from: - 01.06.2026

Last date for receiving the completed applications: - 15.06.2026

Basic Criteria

The Housekeeping & Cleanliness Services will be managed through outsourced mode involving competent SHGs. The basic qualification & other criteria's for engaging individual for the task as follows:



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I. Qualification, Age limit and Other Criteria

- SHG Must have completed Six Month from the date formation with Registration SHG ID
- SHG must have active Bank Passbook.
- SHG Must have under taken regular and Systemic book keeping including maintenance of meeting register, SHG Saveing, Internal landing, Update cash book, updated passbook among others.
- SHG must have active bank passbook not a loan defaulter.
- Resolution copy is enclosed.
- She must be a member of selected SHG.
- Member/She must be below 60 years of age.
- Member/She Minimum Education qualification 7th grade pass.
- If the worker deputed at the AAM (WSC-SC) is not attending the work for whatsoever reason, the Women SHG will replace for an alternate worker on day to day basis.
- She will be courteous at the work place and undertake responsibilities as per the guidance of ANM and CHO of AAM.
- The Selected Member shall be from the same HQ village where AAM is located.
- She must be replaced on attending 60 years of age if engaged.
- Group Photo Copies(1 no's)
- Aaddhar Card of Members.
- Active Bank Passbook of Members
- Filled Application Form

N.B: SHG to be enclosed as above documents.


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)

Memo No.:- 775

Date:- 01.06.2026

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


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)



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Memo No.: - ୨୨୬

Date: - 01.06.2026

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 Application format in the office notice board for 15(Fifteen) days .


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)

Memo No.: - ୨୨୭

Date: - 01.06.2026

Copy along with copy of the enclosure submitted to the Medical Officer in charge, CHC Gurandi for favour of kind information and necessary action and requested to display the notice and application format in the office notice board for 15(Fifteen) days .


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)

Memo No.: - ୨୨୮

Date: - 01.06.2026

Copy along with copy of the enclosure forwarded to the Concern all Lady Supervisor of ICDS Project, Paralakhemundi (Gosani) and Community Support Staffs of GPLF for information and instructed to display the notice and the application format in their AWCs/Federation/GP office of their sector and GPLF Office for 15 (fifteen) days. The application should be received as per the above notification within due dateline. They are request to facilitate to selection of willing and eligible WSHG to take up this activity in accordance with the enclosed guideline.


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)

Memo No.: - ୨୨୯

Date: - 01.06.2026

Copy to Concern AAM SCs /AWCs/ BLFs/ GPLFs to display this notice for 15 (fifteen) days.


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)



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Department of MISSION SHAKTI

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Memo No.: - 780

Date: - 01.06.2026

Copy Submitted to the DPC, Mission Shakti and the DPM NHM, Gajapati for favour of kind information.


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)

Memo No.: - 781

Date: - 01.06.2026

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


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)

Memo No.: - 782

Date: 01.06.2026

Copy Submitted to the CDO-cum-EO, Zilla Parishad Gajapati and the DSWO, Gajapati for favour of kind information.


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)

Memo No.: - 783

Date: - 01.06.2026

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


Child Development Project Officer
I.C.D.S Project, Paralakhemundi (Gosani)

Format

Notice for the taking up the activity _____

1. Name of the SHG: _____
2. SHG Address: Village _____ Post Office _____
GP _____ Block _____
District _____ PIN _____
ICDS Project _____
3. Year of Formation: _____
4. Present livelihood activities undertaking: _____
5. Name of village where the activity will be taken up: _____
6. Whether the SHG _____(Yes/ No):
If Yes, please mention the details:
7. Whether the SHG has _____(Yes/ No):
8. Bank and Branch Name: _____
9. 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. In case of supply of hospital diet activity - If SHG is registered under Food Safety Act, copy of the said certificate to be enclosed. Moreover, Prior experience in food service management to be indicated.
11. Details of tailoring unit/ Sanitary napkin making unit & experience shall be mentioned for supply of masks and sanitary napkins.
13. Contact No: _____
14. 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 application from _____ SHG, Village _____, on date
_____ for the activity '.....'.

Signature of the CDPO / Authorised Signatory

Date: