

OFFICE OF THE DSWO, NUAPADA

**INVITING EXPRESSION OF INTEREST FOR THE DIFFERENT
ACTIVITIES UNDER OPELIP FOR NUAPADA DISTRICT**

No. 835

Date: 03.11.2022

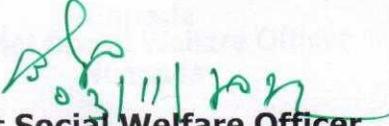
Interested WSHGs of Nuapada District having the willingness, ability and aptitude to establish goatery unit- 13 nos, processing unit- 2 nos, tailoring unit- 2 nos & tent house- 1 no. under OPELIP by ST SC Development Department are invited to submit their proposal in the mentioned format within fifteen days of this advertisement i.e. by 22.11.2022 5:00 PM. Such willingness shall be submitted to CDPO Komna. SHG should be from the VDC/ GPs/ MPA/ Block where they proposed to take up the activities.

Encl:- SHG selection criteria


**District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada**

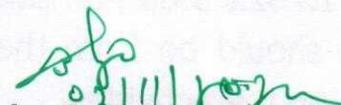
Memo No-.....836...../Dt-03.11.2022.....

Copy forwarded to BDO, Komna/ CDPO, Komna/ Scheme Officer, CBDA, Sunabeda/ WEO, Komna/ Project Manager of OPELIP/ Livelihood & Rural finance officer of FNGO for information with request to display EOI notice in their Notice Board & all PVTG village/ AWCs for wide circulation among all WSHGs in their respective areas.


**District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada**

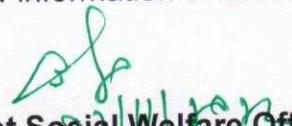
The detail programme of Inviting EoI is given below.

- 1) Last date of submission of application to Concerned CDPO- 22.11.2022 by 5:00 PM
- 2) Date of opening of EOI Sealed Application Cover by BLC- 23.11.2022
- 3) Submission of approval list of selected WSHG by BLC- 24.11.2022


District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada

Memo No-.....837...../Dt-03.11.2022.....

Copy submitted to CDO-cum-EO, ZP, Nuapada for kind information & necessary action.


District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada

Memo No-.....838...../Dt-03.11.2022.....

Copy to D.I.O NIC, Nuapada for favour of information & kindly upload this advertisement (EOI) in District website.


District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada

Memo No-.....839...../Dt-03.11.2022.....

Copy submitted to P.A. to Collector, Nuapada for kind information of Collector.


District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada

Memo No-.....840...../Dt-03.11.2022.....

Copy submitted to Joint Secretary to Govt, Deptt. of Mission Shakti, Govt. of Odisha for kind information & necessary action.


District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada

OFFICE OF THE DSWO, NUALPADA
INVITING EXPRESSION OF INTEREST FOR THE DIFFERENT
ACTIVITY UNDER OPELIP FOR NUALPADA DISTRICT

Format for Application

Name of the activity: _____

1. Name of the SHG: _____
2. SHG Address: _____ Village _____ Post Office _____ GP
_____ Block _____ District _____

MPA Name _____

ICDS Project _____ PIN _____

3. Year of Formation: _____
4. Whether the SHG having all PVTG members (Yes/No): _____
5. Present livelihood activities undertaking: _____
6. Name of village / business area where the activity will be taken up: _____
7. Whether the SHG has undergone training at Krishi Vigyan Kendras (KVKs) or by OPELIP (ST & SC Development Department) or any other agencies for the interested activity. (Yes / No): _____

If yes, please mention the details: _____

8. Whether the SHG fulfilling the desired criteria as mentioned to take up the activity (Yes / No): _____
9. Savings Account Number, Bank and Branch Name: _____
10. Funds available in the Savings Bank Account: _____
 - i. Regular Saving (Yes / No)
 - ii. Amount of savings (in Rs.):
 - iii. Whether Loan taken (Yes / No), if yes, mention the number of times loan availed
 - iv. Mode of loan repayment (Regular / irregular):
 - v. Meeting Register maintained (Yes / No):
 - vi. Cash Book maintained (Yes / No):
11. Contact No: _____
12. Resolution of the SHG to take up the activity is enclosed (Yes / No):

Name & Signature of the Authorized Person of the SHG

Date:

Acknowledgement

Received the Expression of Interest from _____ SHG,
_____ Village, on date _____ for the
activity _____

Signature of the CDPO / Authorized Signatory

Date: