

OFFICE OF THE DSWO, NUAPADA

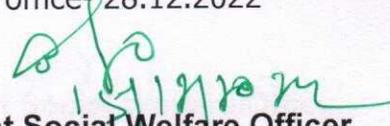
**INVITING EXPRESSION OF INTEREST FOR OSFDC (ORISSA SCHEDULE
CASTE & SCHEDULE TRIBE FINANCE COOPERATIVE CORPORATION
LTD.) SCHEME TITLED BANKABLE INCOME GENERATING SCHEME**

No. 962

Date: 15.12.2022

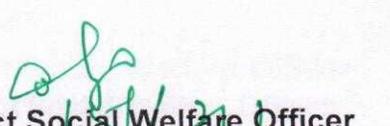
Expression of Interest from the interested BPL Sc Women (having more than 50% Sc members) SHG having willingness and aptitude for the scheme titled Bankable Income Generating Scheme are invited to submit their proposal before the concerned CDPO i.e. Nuapada/ Komna/ Khariar/ Boden/ Sinapali in the format I & II (attached) within 7 (seven) days of this notice i.e. by 23.12.2022 towards Bankable Income Generating activities. SHG should be from the same Block where they proposed to take up the activities. The detailed programme of EOI is given below-

- 1) Last date of submission of application to CDPO concerned- 23.12.2022
- 2) Scrutiny of application with field assessment by BLC members- 26.12.2022
- 3) Holding of Block level committee- 27.12.2022
- 4) Submission of approval list of selected WSHG to District office- 28.12.2022


District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada

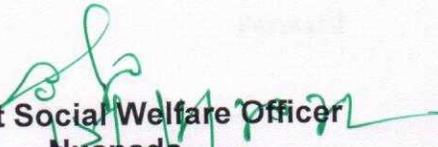
Memo No- 963 /Dt- 15.12.2022

Copy forwarded to all BDOs/ all CDPOs/ all BPCs & BPMs, M.S /President & Secretary of BLFs for information & necessary action with reference to the letter no- 21252 dt 05.11.2021 of Commissioner-cum-Secretary, Mission Shakti and Principal Secretary, ST & SC Development Deptt, Govt. of Odisha. L.N- 900 dt 16.04.2022 from Managing Director (OSFDC), Govt. of Odisha. The CDPOs are instructed to display the EOI notification at each AWCs & GP HQs for wide publicity in coordination with field functionaries of ST & SC Development Department.


District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada

Memo No-.....964...../Dt-15.12.2022.....

Copy forwarded to DWO, Nuapada for information with requested to communicate this EOI to all WEOs for wide publication & facilitate the awareness among the WSHG (having 50% SC members).


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District Social Welfare Officer
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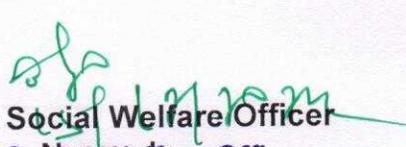
Memo No-.....965...../Dt-15.12.2022.....

Copy forwarded to EO, NAC, Khariar/ Kh. Road/ Nuapada/ SO, CBDA, Sunabeda for information & necessary action.


District Social Welfare Officer
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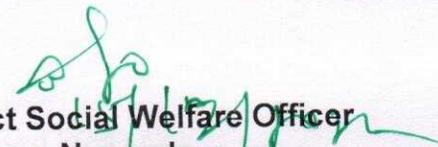
Memo No-.....966...../Dt-15.12.2022.....

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


District Social Welfare Officer
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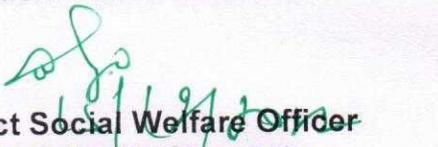
Memo No-.....967...../Dt-15.12.2022.....

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


District Social Welfare Officer
Nuapada
District Social Welfare Officer
Nuapada

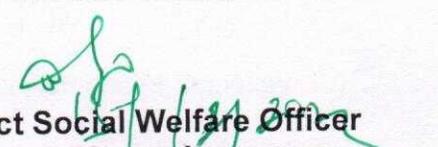
Memo No-.....968...../Dt-15.12.2022.....

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-.....969...../Dt-15.12.2022.....

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

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. No. of SC members in SHG: _____
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 CDPO / Authorised Signatory
 Date:

Loan Application form under Group Bankable Income Generating Schemes for SC, SHG

Name of the Self-Help Group :

Address : VILLAGE _____ POST OFFICE _____ GP _____ Block _____
DIST _____ PIN _____

Formed/Established on Registered Yes/No

If Registered : give number and date & furnish

True copy of the Certificate of Registration. :

Number of members in the Group : Present Livelihood Activities
undertaking. _____

To

The Branch Manager, Date:

Bank/Branch

APPLICATION FOR LOAN

Dear Sir,

We the duly authorised representatives of the above SHG hereby apply for a loan aggregating Rs. _____ (Rupees _____) only for onward-lending to our Members for _____ schemes.

The financial particulars of the group as on dt. _____ are given in the enclosed sheet. (Date)

We have not availed loan earlier from any other Bank/Financing Institution and not defaulted in repayment.

REPAYMENT SCHEDULED

We agree to repay the loan amount as per the repayment schedule, which may be fixed by the Bank.

3. We hereby declare that particulars given above are true and correct to the best of our knowledge and belief.

4. We hereby authorise the Bank to disclose all or any particular or details of information relating to our loan accounts with the Bank to any other financial institution including NABARD, Government or any agency as may be considered necessary or desirable by the Bank. It will be in order for the OSFDC to disqualify the SHG from receiving any credit facilities from the Bank and / or recall the entire loan amount or any part thereof granted on this application, if any of the information pertaining to the Group, furnished herewith is found incorrect and / or containing misrepresentation of facts.

OFFICE OF THE DSO, NUPADA

INVITING EXPRESSION OF INTEREST FOR DSDM (ORISSA SCHEDULED TRIBE DEVELOPMENT FINANCE CO-OPERATIVE CORPORATION LTD.)

5. The Xerox copy of our SB Pass Book bearing No _____ of _____ Bank with credit of Rs. _____ as our _____ is enclose.

Yours faithfully,

1. (President)

2 (Secretary)

(Authorised representatives)

Certified that the Self Help Group fulfills the eligibility criteria fixed by the Orissa Sch. Caste & Sch. Tribe Development Finance Co-operative Corporation Ltd. and that the particulars / data furnished in the application form are correct to the best of my knowledge and belief. The total cost of the scheme / project would be Rs. _____ out of which bank loan Rs. _____ and Subsidy Rs. _____.

Signature of the Recommending Officer

Block Development Officer/Executive Officer

(With Seal)

Date :

Place :

Memorandum No. 183/2022 dt. 15.12.2022

Copy forwarded to all BDOs, all CDPOs, all BPs & PPMs, M.P. President & Secretary of BPs for information & necessary action with reference to the letter no. 21453 dt. 05.11.2021 of Commissioner cum Secretary, Ministry, Health and Principal Secretary, ST & SC Development, Deptt. Govt. of Orissa dt. 16.04.2022 from Managing Director (SDFDC), Govt. of Orissa. The CDPOs are instructed to circulate the FCI notification at each AWCs & CP HQs for wide publicity in cooperation with field organizations of ST & SC Development Department.

District Social Welfare Officer
District Social Welfare Officer
Nupada