

Format

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 has 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. Bank and Branch Name: _____
8. 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 Authorized Person of the SHG
Date:

Acknowledgement

Received the Expression of Interest from _____ SHG, Village _____
on date _____ for the scheme titled '.....'.

Signature of the CDPO / Authorized Signatory