



OFFICE OF THE COLLECTOR & DISTRICT MAGISTRATE, DEOGARH.

D.S.W.O. DEOGARH, DIST. DEOGARH, PIN-768108, ODISHA

Department of Mission Shakti, Govt. Odisha

Email id – deogarh.missionshakti@gmail.com & dswodeogarh@nic.in



Letter No. 208 /MS

Date. 31-07-2025

Expression of Interest for the activity **Running of Mission Shakti Café** at the Newly Functional District Headquarters Hospital, Deogarh under Health & Family Welfare Department.

Interested WSHGs/SHG Federations having the willingness, and aptitude for the activity titled **Running of Mission Shakti Café** at the Newly Functional District Headquarters Hospital, Deogarh under Health & Family Welfare Department is invited to submit their application before the Mission Shakti, Deogarh, Collectorate in the mentioned below Format within 7 (seven) days of this advertisement i.e. by 07.08.2025 at 05.00 PM towards above mentioned titled activities. SHGs should be within 8KM radius where they propose to take up the activity. The application must reach within the scheduled date and time at the office of the undersign in closed envelope. Application received after due date will be rejected.

Criteria for Identification and Selection of WSHGs/ WSHG Federation:

1. SHGs for these proposed interventions include SHG/SHG Federation.
2. SHG must have completed one year from the date of formation.
3. SHGs should have been undertaken any economic activity at least for one year.
4. SHGs should have valid registration certificate under food safety Act obtain the registration certificate before commencing the activity as per Law.
5. Prior experience in food related activity may be preferred.
6. SHGs should be within 8KM radius where they propose to take up the activity.
7. SHGs must have an active bank account.
8. SHGs must not be a bank loan defaulter.
9. SHGs must have undertaken regular and systematic book keeping including maintenance of meeting register, cash book, and update passbook among others.
10. SHG having willingness to pay nominal charge as per District Administration, Deogarh

The committee will scrutinize the EOI based on the WSHG Selection Criteria and select the empaneled list SHGs considering the targets by adhering the scheme guidelines.

Yours faithfully

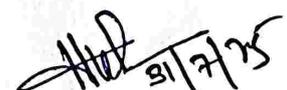

District Social Welfare Officer
District Social Welfare Officer
D.S.W.O, Deogarh'

Memo No. 209 MS.

Date. 31-07-2025

Copy forwarded to EO Municipality Deogarh and All BDOs & CDPOs Deogarh for kind information and necessary action with an instructed to display the "Expression of Interest (EOI)" in their notice board and GP/ULB Offices. Application form is available in concern ICDS and District Office.

For details May Contact
DPC - Mission Shakti
Mob - 8917389147
Shikha (10 am to 6 PM)
District Project Coordinator
Mission Shakti, Deogarh


District Social Welfare Officer
District Social Welfare Officer
D.S.W.O, Deogarh



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Memo No. 210 MS.

Date. 31-07-2025

Copy to DLF, BLFs & GPLFs of Deogarh for information and take necessary action with an instructed to display the "Expression of Interest (EOI)" in their noticeboard.


District Social Welfare Officer
District Social Welfare Officer
D.S.W.O, Deogarh

Memo No. 211 MS.

Date. 31-07-2025

Copy submitted to the DeGM, Deogarh for hoisting of the Eol in the district website for wide publicity.


District Social Welfare Officer
District Social Welfare Officer
D.S.W.O, Deogarh

Memo No. 212 MS.

Date. 31-07-2025

Copy to PA to Collector Deogarh for kind information of Collector.


District Social Welfare Officer
District Social Welfare Officer
D.S.W.O, Deogarh



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Format

Notice for the taking up the activity. _____

1. Name of the SHG: _____
2. SHG Address: Village _____ Post Office _____
GP _____ Block _____ District _____
ICDS Project _____ PIN _____
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.
12. Contact No. _____
13. 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 application from _____
SHG, Village _____, on date _____ for the activity _____

Signature of the DSWO / DPC, Mission SHakti
Date: