

DISTRICT OFFICE ANGUL
(Social Welfare Section)
Email Id:- dswoangul@nic.in

L. No. 2369/SW dt. 17/12/19

Notice for Expression of interest for Procurement, Supply of Foodstuff and Management of MDM Programme

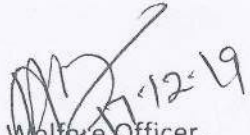
Interested WSHGs/Federation having the willingness, ability and aptitude for procurement, Supply of Food stuff and Management of MDM Programme, are invited to submit their proposal before concerned CDPO in the mentioned below format within 15(Fifteen) days of this advertisement i.e. by 02.01.2020 towards Management of MDM programme. Preferably, SHGs should be form the same village/any of the adjoining villages as per the location of the school/schools.

List of schools under MDM programme, detailed eligibility criteria of WSHG, selection procedure and application form is available in the Angul district website www.angul.nic.in.

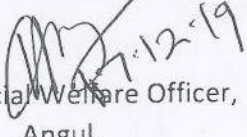
The application must reach within the scheduled date and time at the office of the concerned CDPO of ICDS project Angul/ Athamallik/ Banarpal/ Chhendipada/Kaniha/ Kishorenagar/ Pallahara/ Talcher. Applications received after the due date will be rejected.

Date of receipt of the application with effect from: -18/12/2019

Last date for receiving the completed application: -02/01/2020



District Social Welfare Officer,
Angul.

Memo No. 2370/SW dt. 17/12/2019
Copy to D.I.O N.I.C, Angul for information with a request to webhost the notice.


District Social Welfare Officer,
Angul.

Memo No. 2371/SW Dt. 17/12/19

Copy to all CDPO of this district for information and instructed to display the notice and format in this office and in all AWC/federation of their concerned block for 15 days. The applications should be received as per the above notification whit in the due dateline. They are requested to facilitate selection of willing & capable SHGs to take up this activity in accordance with the enclosed guideline.


District Social Welfare Officer,
Angul.

DISTRICT OFFICE ANGUL

(Social Welfare Section)

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Format

1. Name of the WSHG/Federation: _____
2. SHG/Federation Address (as applicable):
Village _____ Post Office _____
GP _____ Block _____
District _____ PIN _____
ICDS Project _____
3. Year of Formation: _____
4. Present livelihood activities: _____
5. Name of School where MDM will be taken up: _____
6. Savings Bank Account Number: _____
7. Bank, Branch Name: _____
8. IFSC Code: _____
9. Funds available in the saving Bank Account: _____
 - (a) Regular Saving (Yes/No)
 - (b) Amount of Saving (in Rs.)
 - (c) Whether loan taken (Yes/No.). if yes, mention the no. of times loan availed.
 - (d) If availed amount of total loan(in Rs.)
 - (e) Amount of total loan repaid (in Rs.)
 - (f) Mode of loan repayment (regular/ irregular)
 - (g) Meeting Register maintained (Yes/No)
 - (h) Cash Book maintained (Yes/No)
10. Contact No. _____

Signature of the authorised person
of the WSHG/ Federation
Date.

Acknowledgement

Received the Expression of interest from _____ SHG/Federation,
_____ on date _____ for Management of MDM programme.

Signature of the CDPO/ Authorised Signatory
Date:.