

OFFICE OF THE NOTIFIED AREA COUNCIL, KARANJIA

MAYURBHANJ

Expression of Interest (EOI)

For Management of Ward Offices by Mission Shakti Groups During the Year 2023-24

Last Date: 20.12.2022

Technical Bid

SL No	Item	Details
1.	Name of the Mission Shakti SHG	
	MISSION SHAKTI SHG Registration Number	
	MISSION SHAKTI SHG PAN Number	
	Communication Address	
	Contact Phone number	
2.	Documents to be furnished	
	i. Group Profile (<u>Annex as Form-B</u>)	
	ii. MISSION SHAKTI SHG Registration	
	Sheet (downloaded from portal)	
	iii. Bank Passbook front page	
	photocopy	
	iv. Bank account statement for last	
	3years (2019-20, 2020-21, 2021-22)	
	v. PAN Card photocopy (attested)	
	vi. Resolution copies of group meeting	
	for last 6 months.	
3.	An undertaking in a Rs.10/- Non-Judicial stamp	
	paper stating the following has to be attached with the technical bid:	
	with the technical bid:	
	➤ I (name designation and group name)	
	will be responsible for managing the	
	ward office.	
	 Our MISSION SHAKTI SHG (name of the 	
	MISSION SHAKTI SHG) belongs to the	
	ward No	
	➤ All the members of our MISSION	
	SHAKTI SHG are following the	
	Panchasutra.	
	(the name of the MISSION SHAKTI SHG	
	or member) is not in default on a loan	
	obtained from a bank or a non-bank	
	financial institution (NBFI).	

- ➤ If we (name of the MISSION SHAKTI SHG) fail to deliver our responsibility or deliverables during the contract period after selection, we will not be considered for government programmes for the next two years.
- ➤ We (the name and address of the MISSION SHAKTI SHG) have not been blacklisted in any previous assignment.
- We will abide by the terms of the Memorandum of Understanding (MOU) between the ULB and the group.

DETAIL OF WARD COORDINATOR PROPOSED

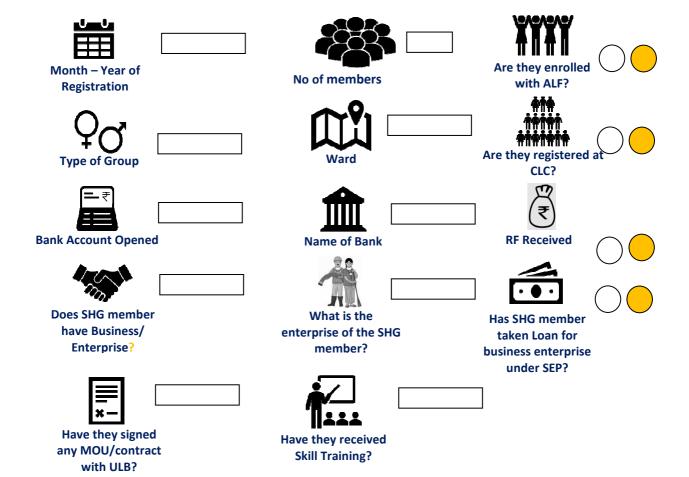
Name	Education Qualification	Computer Knowledge	Account/PAN Details	Default If Any in Loan	Remark on Black listing Status

Annexure-B: Group Profile

Name of the MSG

registration number

Group detail:



Member detail

SL No	Name of Member	Existing livelihood	No of family member	Area of Residence	Contact No
1	2	3	4	5	6