APPLICATION FORM FOR SELF HELP GROUPS

DATA INPUT SHEET

SECTION 1 - LIVELIHOOD AND PROFILE OF SHG MEMBERS

1 Name of the Self Help Group (Mandatory)

2 Year of SHG Formation (Mandatory)



3 Type of SHG (Mandatory) (Mention Women Only, Others)

4 Name of promoting institution/programme (Optional)

5 Add other details of the Promoting Institution (Optional)

6 Details of President/Treasurer/Accountant (mandatory)

| Full Name | Gender (Mention Male/ Female/Transgen der) | Designation | Date of Birth | Social Category (Mention SC/ST/OBC) | Phone Number |
|-----------|--|-------------|---------------|--|--------------|
| | | | | | |
| | | | | | |

7 Details of Other Members (Mandatory)

| S. No. | Gender (Mention Male/ Female/Transgen der) | Full Name | Date of Birth | Social Category (Mention SC/ST/OBC) | Phone Number |
|--------|---|-----------|---------------|--|--------------|
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| 15 | | | |

8 Bank Details of the SHG (Mandatory)

| Bank Name | |
|---|--|
| Bank Account Number | |
| IFSC Code | |
| Current Bank Balance (Savings + Deposits) | |
| Year of Opening Account | |

SECTION 2 - MICRO-CREDIT HISTORY OF THE SHG

9 Whether the SHG is graded? (Optional) Mention Yes/No

If Yes, the Grade of the SHG (A, B or C)

Year of Grading

10 Existing/Current Bank Loan Details (optional)

| Sr. No. | BANK / FI Name | Loan Type (Mention Loan to meet Lumpy Needs, Livelihood Needs, Credit Needs, Subsidy based Loans) | Max Delayed Payment of Dues | No, EMI Served | Loan Status (Mention Active Ioan/Closed) | Loan Outstanding |
|---------|----------------|---|--------------------------------|----------------|---|------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| Total | | | | | | |

SECTION 3 - DETAILS ABOUT THE EXISTING OPERATIONS OF THE SHG

| Nature of Business (Mandatory) If related to Food Processing Industry, Mention Yes/No | |
|--|--|
| If No, enter the details of the business activity SHG is engaged in | |

| | Are you actively engaged in processing of ODOP produce | | | | | |
|-------------------------|--|---|--|--|--|--|
| 12 identified by State? | | | | | | |
| | Mention Yes/No (Mandatory) | L | | | | |

13 Details of the Infrastructure/Property of Self Help Group (Mandatory)

| Available (Atleast 1 should | If Applicable, please select the checkbox (Atleast 1 should be selected) | Street Address | Village | Panchayat | Taluk/Block | District | State | Pincode | Contact Number | Ownership of the Infrastructure of Self Help Group Mention Owned/Leased/R ented | Leasing/Renting Amount |
|-----------------------------|--|----------------|---------|-----------|-------------|----------|-------|---------|----------------|--|---------------------------|
| Godown/ Storage facility | | | | | | | | | | | |
| Trading Unit | | | | | | | | | | | |
| | | | | | | | | | | | |

PRESENT YEAR (Estimate)

Total Number of Experience (In Years) of the relevant business in producing/manufacturing/trading the product/s (Mandatory)

PAST YEAR-II (Actual)

15 Production & installation capacity (optional)

In Quantity

In Amount

16 Total Quantity sold - Last 3 Years (optional)

Total

Total Sales generated - Last 3 year (In INR) (Mandatory)

Total

18 Net Profit - Last 3 year (In INR) (optional)

Total

19 Total current Investment in Plant and Machinery (In INR) (Mandatory)

| | | | 1 |
|-----------------------|----------------------|-------------------------|---|
| | | | |
| | | | _ |
| | | | |
| PAST YEAR-II (Actual) | PAST YEAR-I (Actual) | PRESENT YEAR (Estimate) | |
| | | , | |

| PAST YEAR-II (Actual) | PAST YEAR-I (Actual) | PRESENT YEAR (Estimate) |
|-----------------------|----------------------|-------------------------|
| | | |

PAST YEAR-I (Actual)

| PAST YEAR-II (Actual) | PAST YEAR-I (Actual) | PRESENT YEAR (Estimate) |
|-----------------------|----------------------|-------------------------|
| | | |
| | | |
| PAST YEAR-II (Actual) | PAST YEAR-I (Actual) | PRESENT YEAR (Estimate) |



Total number of workers (Mandatory) 20

Total

SECTION 4 - DETAILS ABOUT THE PROPOSED - NEW / UPGRADATION PLAN

| 21 | Classification of proposed business related to Food Producing sector in terms of the kind of value addition being done (optional) Mention: Food products (Manufacturing), farm Produce (Trading), Others | |
|----|---|--|
| | | |

Are you actively engaged in processing of ODOP produce 22 identified by State? (Mandatory) Mention Yes/No

23 Address of the proposed manufacturing/trading enterprise (if different from existing) (Mandatory)

| Street: | | |
|--------------|-----------|--|
| | | |
| Taluk/Block: | | |
| Village | | |
| District: | Panchayat | |
| State: | Pin: | |

| Ownership of Proposed Property 24 Mention Owned/ Rented/ Leased (Mandatory) | |
|---|--|
| Rent/Leased Amount (Yearly) | |

25 Proposed Production & Installation Capacity (Mandatory)

| In Quantity | | |
|--|--|--|
| In Amount | | |
| 26 Total number of workers (Mandatory) | | |

27 Quotation Details for the proposed Machineries/Equipments (Upload the photocopy) (Optional)

| S.No. | Machinery Name | Rate (Amount) | Quantity |
|-------|----------------|---------------|----------|
| | | | |
| | | | |
| | | | |

28 Proposed Total Sales to be generated in a year (In Values) (Mandatory)

29 Proposed Net Profit in a year (In INR) (Mandatory)

30 Contribution of the Self Help Group (Mandatory)

Group Contribution (10% of Project Cost - In INR)

Margin Money for Working Capital (20% - In INR)

