

No. 7/95/2007-SW(IWEP)
GOVERNMENT OF MANIPUR
DEPARTMENT OF SOCIAL WELFARE
(Women & Child Development Division)
 2nd M R Gate, Imphal, Manipur - 795001

NOTICE

Dated : The 28th May 2007

No. 7/95/2007-SW(IWEP): The **State SHG Cell** of the Department of Social Welfare, Women & Child Development Division, Govt. of Manipur is inviting application from all intending women SHGs of the state for inclusion in **The State SHG Directory** of the State SHG Cell of the Department. All SHGs fulfilling the following criteria may submit their application in the given Prescribed Format duly filled and signed by the Group leaders or by the Chief Functionary of SHPIs on behalf of the SHGs to the State Training Consultant of the Department (WCD Division)/District Programme Officers/CDPOs of the concerned districts and the following given below organisations latest by 30th July 2007 in between 10.30 am to 2.30 pm.

The Prescribed Format is also enclosed along with this notification and is also readily available at all the DPO's/CDPO's Office, and at the offices of the following organisations. The Prescribed Format can also be download from <http://socialwelfaremanipur.nic.in>

S1 No.	Name of the organisation/deptt.	Name of the contact person and Designation	Contact No.
1	State Rashtriya Mihila Kosk Office, Babupara, Imphal.	Kh. Tompok Singh State Nodal Officer	9436210443
2	Nupi Khunai, C/o. Oinam Ibohal Polytechnic Keishampat Junction, Imphal	Nilababu Oinam Chief Functionary	9856163992
3	Self Employment Voluntary Association (SEVA), North Babupara, Opposite MLA's Flat, Imphal.	Khundrakpam Chilglen Chief Functionary	9856288250 9436083474
4	Human & Social Welfare Association, Nagamapal, Paonam Leirak, Imphal West.	Y. Munindro Singh Chief Functionary	9863056874
5	ABCEDO, Samaram, Thoubal District, Manipur.	Kh. Tompok Singh Chief Functionary	9436210443
6	Youth Development Organisation (YDO), Sagolband Tera Bazar, Imphal.	J C Sharma Chief Functionary	9856272593

Criteria of Affiliation:

1. SHG should atleast be 3 months old,
2. SHG should have at least gained knowledge on Basic Concepts of SHG,
3. SHG should have Regular Thrift & Credit Business,
4. SHG should maintain updated Basic Books of Accounts,
5. SHG should have a Simple Sets of Rules/Bye-Laws.



Jt. Director (WCD)
 Deptt. of Social Welfare,
 Govt. of Manipur.

Format for inclusion in the State SHG Directory of the State SHG Cell
of the Women & Child Development Division, Department of Social Welfare,
Govt. of Manipur.

To,

Shri. L. Punil Kanta Singh
The State Training Consultant (Ssd-SIWEP)
Department of Social Welfare,
Women & Child Development Division,
Govt. of Manipur.

Subject : Application for inclusion to the State SHG Directory of
the State SHG Cell of the WCD Division of the Social
Welfare Department, Govt. of Manipur.

Sir,

Kindly include our SHG in **The State SHG Directory** of the State SHG Cell
of the Women and Child Development Division of the Department of Social
Welfare, Govt. of Manipur. All relevant documents/details of our SHG are given
below for your kind inspection & necessary action.

With regards.

Dated/Place.

(Seal & Signature of
the Group Leaders)

DETAIL INFORMATION OF OUR SHG

- | | | | |
|-----|---|---|---|
| 1. | Name of the SHG | : | |
| 2. | Name of the District, Block, Village | : | |
| 3. | Date of formation | : | |
| 4. | Total No. of membership | : | |
| 5. | Name of the Group Leaders & contact no. (if any) | : | |
| | | | i) |
| | | | ii) |
| | | | iii) |
| 6. | Name of your SHPI/Sponsorship, if any? | : | |
| 7. | Total amount of Savings | : | |
| 8. | Total amount of Inter-lending within the group | : | |
| 9. | Name of the Bank & Branch, if SHG possessed Bank Account | : | |
| 10. | Amount of Loan availed from the Bank, if any | : | |
| 11. | Does the members of the SHG possess Income Generation
Activity, if yes give detailed information (both individual &
Group level) | : | |
| 12. | Trainings received. Tick whichever is applicable | : | i) Motivation/Concepts of SHG |
| | | | ii) Group Formation |
| | | | iii) Account Keeping |
| | | | iv) Conflict Resolution |
| | | | v) Resource Linkage (Banks, Deptts etc.) |
| | | | vi) Any other? Give detail |
| 13. | Any other information | : | |

(Use separate sheet wherever necessary, quoting the questionnaire No.)

(Seal & Signature of
the Group Leaders)