

OFFICE OF THE COLLECTOR & DISTRICT MAGISTRATE,
BARGARH
(DISTRICT SOCIAL WELFARE SECTION)
(DPMU, MISSION SHAKTI)

No. 01 /Mission Shakti, Date 03/01/2023

Notice (Indicative) for the activity "Supply of Hospital Diet services at CHC Bargarh" under H & FW Department

Notice for the Interested SHGs/SHG Federation having the willingness and aptitude for the activity titled above is invited to submit their application before the concerned CDPO in the mentioned below format within 15 (fifteen) days of this notice i.e. by 17/01/2023 towards above activity SHGs should be from the Municipality where they propose to take up the activity.

03/01/2023
District Social Welfare Officer
Bargarh

N.B: -

1. Application format available at DSWO/CDM & PHO, Bargarh /Concerned CDPO office/Concerned BPHO & Medical officer (MO) I/C office & District portal (Bargarh.nic.in).
2. The applicant WSHG/Federation can get the detailed information on the scheme from the Concerned BPM-NHM of the concerned block. The details Scheme are attached.

Memo 02 Date 03/1/2023

Copy forwarded to CDPO Bargarh Urban for information and fixes the notice in the notice board of Sub-Collector, EO, and also get acknowledgement from AWWWS, BLF of the concerned clusters after supply of above.

Copy forwarded to the CDM & PHO, Bargarh /BPHO & Medical officer (MO) I/C in Bargarh district & DPM, NRHM /DPM OLM Bargarh for information & necessary action.

Copy submitted to the CDO-cum-EO, Zilla Parishad for information .

Copy forwarded to the DIO, NIC, Bargarh for information with request to webhost in the district website for wide publications.

Copy submitted to PA to collector for kind information of collector & DM, Bargarh.

03/01/2023
District Social Welfare Officer
Bargarh



OFFICE OF THE CDM&PHO-cum-DISTRICT MISSION DIRECTOR

DISTRICT PROGRAMME MANAGEMENT SUPPORT UNIT (N H M)

AT - DISTRICT HEADQUARTER HOSPITAL, BARGARH

PO/DIST- BARGARH, PIN - 768 028, ORISSA

Ph :- (06646) 231763, Fax : (06646) 231763, E-mail :- dpmubargarh2@gmail.com, dpmubar@gmail.com

02
dt. 02.01.23

Letter No. 12601 /NHM, Bargarh

Date 28/12/22

To,

The District Mission Shakti Additional
Coordinator-Cum-DSWO, Bargarh.

Sub: Finalization of selection process for supply of diet by WSHG at CHC, Bargarh-
regarding.

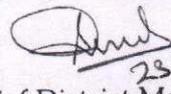
Ref: Your office letter No.-2568, dtd.25.11.2021,
This office letter No.-12394, dtd.13.12.2021.

Sir,

In continuation to this office letter cited under reference, you are hereby requested to complete the selection process regarding supply of diet by WSHG to CHC, Bargarh for implementation of project as per the activities in Serial No.- "f- Supply of Hospital diet at bedded hospitals" identified by the Government of Odisha vide letter No.- 30953/HFW-COOD-MIS-0010-2017, dtd.18.11.2021.

This is for favour of information and necessary action.

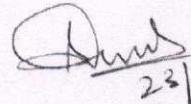
Yours faithfully,


28/12/22

Chief District Medical &
Public Health Officer, Bargarh

Memo No. 12602 /Date 28/12/22

1. Copy submitted to the Collector, Bargarh for favour of kind information.
2. Copy submitted to the CDO cum EO Zilla Parishad, Bargarh for favour of kind information and necessary action.


28/12/22

Chief District Medical &
Public Health Officer, Bargarh

Format

Notice for the taking up the activity _____

1. Name of the SHG: _____
2. SHG Address: Village _____ Post Office _____
GP _____ Block _____
District _____ PIN _____
ICDS Project _____
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.
13. Contact No: _____
14. Resolution of the SHG to take up the activity is enclosed (Yes / No):

Name & Signature of the Authorised Person of the SHG
Date:

Acknowledgement

Received the application from _____ SHG, Village _____, on date _____ for the activity '.....'.

Signature of the CDPO / Authorised Signatory

Date:

Annexure III

Recommendation of Block Level Selection Committee on SHGs / SHG Federations for the activity titled '.....'

Name of the SHG	Name of Block	Name of GP	Name of Village	Date of formation	Bank Name	Branch Name	Bank Account Number	Amount of savings in Rs.	Weather Loan taken (Yes/No)	Mode of loan repayment (Regular/irregular)	Maintaining meeting Register (Yes/No)	Cash Book maintained (Yes/No)	Whether SHG registered under food safety Act & prior experience in food service management (Y/N)	Whether the SHG involved in tailoring activities (Yes / No)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Block Public Health Officer/Medical Officer I/C

Block Program Manager (BPM-NHM)

Block Project Coordinator, MS

Block Project Manager, MS

Child Development Project Officer

Block Development Officer