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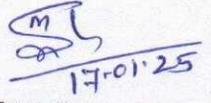
Department Name : Department of Mission Shakti,  
Govt. of Odisha

Document type : Advertisement  
(Tender, Advertisement, Recruitment, Result, Notice, Notification, Others :Please specify)

Document to be available in website: From Date: 17/01/2025 To Date: 31/01/2025

Title (in English) : "Advertisement for EOI form interested WSHGs for taking Hospital Diet Services at  
DHH, Kendrapara under Health and Family Welfare Department".

Title (in Odia) : "ସ୍ୱାସ୍ଥ୍ୟ ଓ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ ଅଧୀନରେ ହସ୍ପିଟାଲ୍ ଡାଏଟ୍ ଯୋଜନା କେନ୍ଦ୍ରାପଡ଼ା ପାଇଁ ଆଗ୍ରହୀ ମହିଳା  
ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠି ମାନଙ୍କଠାରୁ ଆବେଦନ ପାଇଁ ଆହ୍ୱାନ"

  
**District Social Welfare Officer**  
**Kendrapara**

All Documents should be in signed scanned PDF format.  
Please mail the soft copy along with a forwarding letter to The District e-Governance Manager (DeGM),  
Kendrapara. Collectorate, Kendrapara.  
email : [degm.kendrapara@odisha.gov.in](mailto:degm.kendrapara@odisha.gov.in)



**DISTRICT OFFICE: KENDRAPARA**  
**(MISSION SHAKTI)**

MISSION  
**Shakti**

Letter. No. 39 // Date 17.01.2025

**Advertisement for WSHG/Federations for inviting expression of interest for taking Hospital Diet Services at DHH, Kendrapara under Health Sector of the Health & Family Welfare Department**

Interested SHGs / SHG Federations having willingness and aptitude for taking Hospital diet services at DHH, Kendrapara under Health and family welfare Department are invited to submit their application before the concerned CDPO in the mentioned below format within 15 days of this notice i.e. by 31.01.2025 SHGs should be from the same Block where they propose to take up the activity.

**Enclosure:**

1. SHG Selection Eligibility Criteria (Annexure - I)
2. Application Format (Annexure - II)

Memo No. 40 // Dt: 17.01.2025

Copy forwarded to concerned BDO/ CDPO of Kendrapara District for information & they are requested to display the Publication of EOI at the offices of the CDPO, BDO, Municipality, AWCs and BLFs for wide publicity.

  
17.01.25  
District Social Welfare Officer  
Kendrapara  
KENDRAPARA

Memo No. 41 // Dt: 17.01.2025

Copy to OSD to Collector, Kendrapara for kind information of Collector, Kendrapara.

  
17.01.25  
District Social Welfare Officer  
Kendrapara  
KENDRAPARA

Memo No. 42 // Dt: 17.01.2025

Copy to CDO-cum-EO, Zillaparishad, Kendrapara for kind information.

  
17.01.25  
District Social Welfare Officer  
Kendrapara  
KENDRAPARA

  
17.01.25  
District Social Welfare Officer  
Kendrapara  
KENDRAPARA

Memo No. 43 // Dt: 17.01.2025

Copy forwarded to Chief District Medical & Public Health Officer, Kendrapara for information & necessary action.

  
17.01.25  
District Social Welfare Officer  
Kendrapara  
KENDRAPARA

Memo No. 44 // Dt: 17.01.2025

Copy to NIC, Kendrapara for kind information & request to publish this EOI for minimum 15 (Fifteen) days in District website starting On/ Before 17.01.2025 positively.

  
17.01.25  
District Social Welfare Officer  
Kendrapara  
KENDRAPARA

Memo No. 45 Dt. 17.01.25

Copy to District e-Governance Manager (DeGM), Collectorate, Kendrapara for information & request to publish this EOI in District website.

  
17.01.25  
District Social Welfare Officer  
Kendrapara

## Annexure-I

### Criteria for Selection of SHG/ SHG Federation :-

- 1- SHGs for these proposed interventions include SHG Federations.
- 2- SHG must have completed one year from the date of Formation.
- 3- SHG should belong to the same block where they propose to take up the activity.
- 4- SHG must have an active bank account
- 5- SHG must not be a bank loan defaulter.
- 6- SHG must have undertaken regular and systematic book keeping including maintenance of meeting register, cashbook, updated passbook among others.

  
17.01.25  
District Social Welfare Officer,  
Kendrapara

### Special Eligibility Criteria for SHGs for taking up the Hospital Diet Services :-

- 1- The Hospital diet management will be assigned to most suitable SHG/Federation nominated by the district level Committee headed by the Collector of the district.
- 2- While nominating the SHGs/Federation, the district level Committee shall give due regard to the fulfilment of eligibility requirement and the suitability & competency of SHG/Federation.
- 3- Eligibility requirement should be considered by the District Level Committee while selecting SHGs/Federations:
  - SHG should have been undertaken any economic activity at least for one year.
  - SHG should have registration certificate under Food Safety Act / obtain the registration certificate before commencing the activity, as per law
  - Prior experience in food related activity may be preferred.
- 4- The District Level Selection Committee shall decide and prepare the empanelled list of SHGS for District Headquarter Hospital, CHCs and PHCs based on the above criteria or any other criteria that the committee may decide at district level.
- 5- The Committee shall nominate the list of SHGs / Federations to the Chief District Medical & Public Health Officer (CDM & PHO) for required approval and engagement subject to submission of the certificates which are mandatory to run this enterprise.
- 6- The nominated SHG/Federation should adhere to norms relating to quality hygiene, rate and supervision In preparation of diet as per the guidelines of the hospital diet vide Notification No 5056 /H dtd 22.2.2021
- 7- In case suitable SHGs are not available, open tender may be invited by the CDM & PHO with prior written approval of the Collector and under intimation to Government.
- 8- The relevant portions of the existing diet guideline shall be modified to the extent to facilitate engagement of more SHGs in the process.
- 9- Tagging of more SHGs / Federations may also be considered by the Committee basing on the hospital wise number of patients and diet management.
- 10- SHG/Federation have minimum average annual turnover of Rs 50 Lakhs per year during the last three financial years.

  
17.01.25

Format

Notice for the taking up the activity \_\_\_\_\_

1. Name of SHG:
2. SHG Address:  
Village. \_\_\_\_\_, Post Office. \_\_\_\_\_,  
GP/ Ward. \_\_\_\_\_, Block/ULB. \_\_\_\_\_,  
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) or any other;  
If yes, please mention the Details:
7. Whether the SHG has sound knowledge on cash management & record keeping (Yes/ No)
8. Bank and Branch Name: \_\_\_\_\_
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 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.
12. Contact No: \_\_\_\_\_
13. 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 Expression of Interest from \_\_\_\_\_ SHG,  
Village: \_\_\_\_\_, on date \_\_\_\_\_ for the scheme titled \_\_\_\_\_.

**Signature of the CDPO/ Authorised Signatory**

**Date:**