

District Website Documents Updation Form
(<https://kendrapara.nic.in>)

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: 18/02/2026 To Date: 05/03/2026

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

Title (in Odia) : "ସ୍ଵାସ୍ଥ୍ୟ ଓ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ ଅଧୀନରେ ହେଲ୍ପ ଡେସ୍କ ସେବା ପାଇଁ ଆଗ୍ରହୀ ମହିଳା ସ୍ଵୟଂ ସହାୟକ
ଗୋଷ୍ଠୀମାନଙ୍କଠାରୁ ଆବେଦନ ପାଇଁ ଆହ୍ଵାନ"



District Social Welfare Officer
District Social Welfare Officer,
Kendrapara
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



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

MISSION
Shakti

Letter. No. 162 // Date 18/02/26

Advertisement for WSHG/Federations for inviting expression of interest for taking Help Desk Services at DHH, Kendrapara under Health Sector of the Health and Family Welfare Department

Interested SHGs / SHG Federations having willingness and aptitude for taking Help Desk 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 05.03.2026 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)


District Social Welfare Officer
District Social Welfare Officer,
Kendrapara

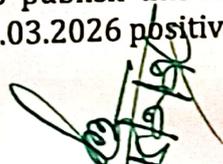
Memo No. 163 // Dt: 18/02/26

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


District Social Welfare Officer
District Social Welfare Officer,
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Memo No. 164 // Dt: 18/02/26

Copy to NIC, Kendrapara for kind information & request to publish this EOI for minimum 15 (Fifteen) days in District Website starting on/ before 05.03.2026 positively.


District Social Welfare Officer
District Social Welfare Officer,
Kendrapara

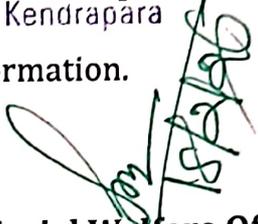
● Memo No. 165 // Dt: 18/02/26

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


District Social Welfare Officer
District Social Welfare Officer,
Kendrapara

Memo No. 166 // Dt: 18/02/26

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


District Social Welfare Officer
District Social Welfare Officer,
Kendrapara

Memo No. 167 // Dt: 18/02/26

Copy to P.A. to Collector, Kendrapara for kind information of Collector, Kendrapara.


District Social Welfare Officer
District Social Welfare Officer,
Kendrapara

Memo No. 168 // Dt: 18/02/26

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


District Social Welfare Officer
District Social Welfare Officer,
Kendrapara

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, and updated passbook among others.



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

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: