

## Format of Proposal under

**MAHILA SAMRIDHI YOJANA**

1. Name & Address of the SCA/NGO : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Details of association with NMDFC under Micro Financing Scheme
- i) Amount of funds availed under Micro Financing Scheme Rs. \_\_\_\_\_
- ii) Number of SHGs financed with NMDFC loan \_\_\_\_\_
- iii) Number of beneficiaries assisted \_\_\_\_\_
3. Name of the proposed activity under Mahila Samridhi Yojana : \_\_\_\_\_
4. Name of the place, taluk & district where the proposed programme will be conducted : \_\_\_\_\_
5. Justification for the proposal : \_\_\_\_\_
6. i) Name of the Agency identified for conducting the training : \_\_\_\_\_
- ii) How old is the training agency? : \_\_\_\_\_
- iii) For the proposed activity, number of trainings earlier organized and number of persons trained by the training agency : \_\_\_\_\_
- iv) How the trained beneficiaries are engaged at present? : \_\_\_\_\_
- v) Details about skilled instructors for the proposed activity with the training agency : *S.No. Name/Designation Qualification Experience & Complete Address*
- vi) Details about the infrastructure with the training agency for the proposed activity : 1. Size of training area  
 2. Furniture & Fixture  
 3. List of tools & equipments

- vii) Duration of the proposed training : \_\_\_\_\_
  - viii) No.of days per week & No.of hours each day :
  - ix) Syllabus for theory and practicals : May be enclosed.
  - x) Total training cost :
7. Arrangements made for imparting training to the group in formation and stabilization as Self Help Group :

**UNDERTAKING**

The facts & figures provided in the above application form are correct and true. The training agency has required infrastructure, instructors, tools & equipments for providing training to 20 women candidates in the proposed activity. Also, the SCA/NGO will ensure that during the training, the group is formed and stabilized into Self Help Group (SHG) and need based micro-credit will be provided to the group after the training, for pursuing the activity.

Date :

SIGNATURE

Place :

M.D. OF THE SCA/  
C.E.O OF THE NGO

PROGRAMME COMPLETION

# CERTIFICATE

(Under Mahila Samridhi Yojana)

(To be submitted by the SCA/NGO for obtaining the final payments of the programme.  
To be filled up separately for each programme)

This is to certify that the programme on Mahila Samridhi Yojana for the activity \_\_\_\_\_ sanctioned by NMDFC vide letter no. \_\_\_\_\_ dated \_\_\_\_\_ has/have been conducted successfully as per the terms and conditions mentioned in the sanction letter. Further, it is certified that following is the Community-wise/Gender-wise break-up of the candidates trained:

- i a Muslim
- b Sikh
- c Christian
- d Buddhist
- e Parsis
- g Male
- h Female
  
- ii The programme was conducted from \_\_\_\_\_ to \_\_\_\_\_.
- iii The list of candidates selected for the programme has already been submitted to NMDFC vide letter no. \_\_\_\_\_ dated \_\_\_\_\_.
- iv The theory and practical classes were covered as per the syllabus.
- v The credentials of all trainees with regard to their educational qualification, minorities status and family income were properly verified at the time of selection/admission;
- vi Adequate infrastructure, tools and equipments were made available during the training programme;
- vii Satisfactory progress of the training programme and performance of the trainees was monitored from time to time.
- viii The trainees were formed into a Self Help Group. The leader of the SHG is \_\_\_\_\_ (Name of the leader) and the bank account number is \_\_\_\_\_ in the \_\_\_\_\_ (Name of the bank).
- ix The other terms and conditions mentioned in the sanction letter were strictly followed/observed during the training programme.

- x Trainees will be provided need based micro credit through their Self Help Group for pursuing the activity.

SIGNATURE OF THE HEAD  
OF THE SPONSORING/ IMPLEMENTING  
AGENCY WITH OFFICE SEAL

DATE: \_\_\_\_\_

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*# Please strike out whichever is not applicable*