DATA INPUT SHEET (Se	lf Heli	p Group)
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					SECTIO	N 1 - LIVELIHO	OD AND PROFI	LE OF SHG MEMBERS
1	Name of the Se	lf Help Group						
2	Year of SHG For	rmation						
3	Type of SHG Entre Male, Fen	nale, Joint Liability (Group					
4	Name of promo	oting institution/pro	ogramme					
4.0	Add other data	ils of the Promoting	Institution					
4.a	Add Other deta	is of the Fromoting	5 mstration					
						1		
		associated with go	vernment rural dev	velopment				
4.b	agency? Mention NRLM,	NABARD, NGOs, ot	her Govt schemes					
4.c	If not listed, ent	er the name and de	tails					
4 4	If NIDI M Cumpo	etad Dlagga manti	an Cada assismad h	CDI M				
4.0	II MKLIVI SUPPOI	rted - Please mention	un code assigned t	y SKLIVI				
	Other Affiliation	Details of the Self I	Help Group					
	Period of Active	Engagement						
5	Details of President	dent/Treasurer						1
	Full Name	Gender	Designation	Date of Birth	Aadhar Card No.	Social Category Mention SC/ST/OBC	Phone Number	
	Full Name	Gender	Designation	Date of Birth	Aadhar Card No.	Mention	Phone Number	

Summary			
No of SC			
No of STs			

6 Details of Other Members

S. No.	Gender Mention Male/ Female/Transgen der	Full Name	Date of Birth	Aadhar Card No.	Social Category Mention SC/ST/OBC	Phone Number	Number of Members in Household
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Summary				
No of SC				
No of STs				

C. N.				Current Livel	ihood & Current Va	alue Addition being P	done individually blease mention (Yes/	y the members eith	ner for bona fide liv	elihood or sale		
S. No.	Full Name	Agriculture and Allied	Food processing and Sale	Animal Husbandry based	Dairying	Forestry	Minor Forest Produce Sale	Wage Labor (Local)	Wage Labor (Migration)	Service	Other Means of Livelihoods	Average Monthly Cash Income
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Summary -						
Number of						
Members						
engaged in this kind of						
this kind of						
livelihood						

Current Value Addition being done by the SHG Member (if more than a single sector/product applicable to each member)

		C	Current Livelihood	& Value Addition be	ing done by individ	lual members for sa	ile	
	Agrico	ulture	Animal H	lusbandry	Da	iiry	Minor Fore	est Produce
	Please choose the name of ODOP Product with highest production for your SHG and write it in the row below (Pick from the List of ODOP Products for your district or other districts in your State)	Please choose the name of ODOP product with second highest production for your SHG and write it in the row below (Pick from the List of ODOP Products for your district or other districts in your State)	Please choose the name of ODOP Product with highest production for your SHG and write it in the row below (Pick from the List of ODOP Products for your district or other districts in your State)	Please choose the name of ODOP product with second highest production for your SHG and write it in the row below (Pick from the List of ODOP Products for your district or other districts in your State)	Please choose the name of ODOP Product with highest production for your SHG and write it in the row below (Pick from the List of ODOP Products for your district or other districts in your State)	Please choose the name of ODOP product with second highest production for your SHG and write it in the row below (Pick from the List of ODOP Products for your district or other districts in your State)	Please choose the name of ODOP Product with highest production for your SHG and write it in the row below (Pick from the List of ODOP Products for your district or other districts in your State)	Please choose the name of ODOP product with second highest production for your SHG and write it in the row below (Pick from the List of ODOP Products for your district or other districts in your State)
Product Name (Left to Right)								
Full Name (Top to Bottom)	(Please choose from			ssing being done by each fransportation, Washing, C Canning, Heatin				, Cooking, Bottling,

9	Bank Details of the SHG								
	Bank Name								
	Bank Account N	lumber							
	IFSC Code								
	Current Bank Ba	alance (Savings + De	eposits)						
	Year of Opening	g Account							
	CECTION 2.			CTION 2 AMOS	O CDEDIT UST	ODV OF THE CH	10		
				SE	O-CREDIT HIST	ORY OF THE SH	IG		
10	Whether the Sh Mention Yes/No	HG is graded?							
		e of the SHG (A, B o	or C)						
	Year of Grading								
	Name of the Ba	nk and Branch							

11	Who maintains	the Record / Book	s of SHG			•		
	Name							
	Designation							
	Paying Instition	for his/her salary						
12	Regularity of Sa	vings						
		onths how many m ion into the SHG or	embers have been an average?	providing their				
13	Savings							
	What is the ave	rage total savings/c	corpus of the group	?				
14	Credit Activity -	Rotation of the co	mmon fund					
		they internally len past six months?	t, out of that corpu	s on an average				
	In the last six mo SHG Savings?	onths how many m	embers have taken	loan from the				
15	Repayment of i	nternal Loans				ı		
			mber, how many o lying their installme					
16	Existing/Curren	t Bank Loan Detail	s		T			
	Sr. No.	BANK / FI Name	Loan Type Mention Loan to meet Lumpy Needs, Livelihood Needs, Credit Needs, Subsidy based Loans	Loan Amount	Max Delayed Payment of Dues	No. EMI Served	Loan Status Mention BT to be done, Current, Matured, To be closed, ≤ 3 emi's pdg, Foreclosed and Moratorium	Loan Outstanding
	1						Moratorium	

2

Total

17 Loan History of SHG

Sr. No.	Loan Type Mention Loan to meet Lumpy Needs, Livelihood Needs, Credit Needs, Subsidy based Loans	Loan Amount	Annual Interest Paid (In INR)	Loan Period in Years	Start Date of Loan	Total Interest	Loan End Date
1							
2							
Total							

SECTION 3 - INSTITUTIONAL STRENGTH OF THE SHG

18	Whether the SHG is part of a Federation Mention Yes/No If yes, Please specify the Federation Name	
19	Regularity of Group Meetings Mention: Weekly, Fortnightly, Monthly Number of Meetings in last 6 months How many meetings in last six months were held on the day it was scheduled	
20	Attendance in the Meeting Average attendance in the last six month	
21	Group Norms <i>Mention: Yes - Documented, Yes - Not Documented but members aware, No Norms</i>	
22	Group Record Keeping What all books/registers does the SHG maintain? Mention: Minutes Meeting Record Book, Savings Ledger, Loan Ledger, Cash Book, No Record Books	

23	Transparency	
	Are the members aware of the total group savings, loan taken from bank and outstanding (if any), how many members have taken loan from the SHG?	
	Mention No, if not applicable	
24	Banking Repayment Track of Loans taken by SHGs from banks	
	Peak Delay:	
	Average Delay:	
25	Trainings attended by the SHG	
	Training Organised by Mention name of training organization : SRLM, DDUGKY, NABARD, NGO or others	
	Type of Training Mention General Entrepreneurship/ Food Processing/ Micro Credit/ Others	
	If Others, enter details	
	SECTION 4 - DE	ETAILS ABOUT THE EXISTING OPERATIONS OF THE SHG
26	Nature of Business (If related to Food Processing Industry) Mention Yes/No	
	If No, enter the details of the business activity SHG is engaged in	
27	Classification of existing business related to Food Producing sector in terms of the kind of value addition being done Mention Farm produce/ Food Produce/Others	
28	Are you actively engaged in processing of ODOP produce identified by State? Mention Yes/No	
29	If Yes, Select the type of product being manufactured/traded Agriculture Produce, Food Product, Others, MFP (Minor Forest Produce)	
	☐ If Agriculture Produce,	

	Product Manufactured/Traded same as ODOP identified by State for the district? Mention Yes/No		
	If Not,		
	Select the Product from the dropdown of other ODOP products		
	If not listed above enter the name of the product		
	☐ If Food Product,		
	Product being Manufactured/Traded same as ODOP identified by State for the district ? Mention Yes/No		
	If Not,		l
	Select the Product from the dropdown of other ODOP products		
	If not listed above please write in the text box below		
	☐ If Social Category is ST, then applicant can opt in for Minor Forest Produce		
	If MFP, please select the product being manufactured/Traded		
	If not listed above please write in the text box below		
	If Others,		
	In case of Others, enter the name of the product being manufactured/Traded		
)	Details of the Infrastructure/Property of Self Help Gr	oup	

Type of Infrastructure Available	If Applicable, please select the checkbox	Street Address	Village	Panchayat	Taluk/Block	District	State	Pincode	Contact Number	Ownership of the Infrastructure of Self Help Group Mention Owned/Leased/R ented	Leasing/Renting Amount
Godown/ Storage facility	K 🗅										
Trading Unit											
Manufacturing Unit											

31	Total Number of Experience (In Years) of the relevant business in producing/manufacturing/trading the product/s								
32	Value added Product/s manufactured/traded (In case of multiple products, enter details in rows)								
		Product Name		Product D	Description				
					•				
33	List of activities product	performed while preparing the							
34	Production & in	stallation capacity		1					
	In Quantity								
	In Amount								
35	Business turnov Years (In INR)	ver (Sales and Revenue) - Last 3	Year -1	Year - 2	Year - 3				
	Food Products								
	Farm Produce								
	Others								
		Total							

36	Total Quantity Produc (In Values)	ed (Sales) - I	Last 3 Years	Year -1	Year - 2	Year - 3
	Food Products					
	Farm Produce					
	Other Business					
	Total					
	Taral Constitution Called					
37	Total Quantity Sold - L (In Values)	ast 3 year		Year -1	Year - 2	Year - 3
	Food Products					
	Farm Produce					
	Other Business					
	Total					
	Net Profit - Last 3 year					
38	(In INR)			Year -1	Year - 2	Year - 3
	Total					
	Current Investment in	Plant and M	1achinery			
39	(In INR)		,	Year -1	Year - 2	Year - 3
	Manufacturing					
	Other Business					
	Total					
40	Number of Manpower	· Usage Deta	ils			
	Tenure of Worker (Left to Right) Type of	easonal	Temporary	Permanent		

Worker (Top to Bottom)

Un-Skilled Worker		
Skilled Worke	r	
Total		

SECTION 5 - DETAILS ABOUT THE PROPOSED - NEW / UPGRADATION PLAN

41	Classification of proposed business related to Food Producing sector in terms of the kind of value addition being done Mention: Food products (Manufacturing), farm Produce (Trading), Others		
42	Are you planning to engage in processing of ODOP produce identified by State? Mention Yes/No]
43	If Yes, select the type of product to be manufactured/traded Mention: Agriculture Produce, Food Product, Others, MFP (Minor Forest Produce)		
	☐ If Agriculture Produce,		
	Product Manufactured/Traded same as ODOP identified by State for the district? Mention Yes/No		
	If Not,		4
	Select the Product from the dropdown of other ODOP products		
	If not listed above enter the name of the product		
	If Food Product,		
	Product being Manufactured/Traded same as ODOP identified by State for the district ? Mention Yes/No		
	If Not,	<u> </u>	4
	Select the Product from the dropdown of other ODOP products		
	If not listed above please write in the text box below		
	☐ If Social Category is ST, then applicant can opt in for Minor Forest Produce		
	If MFP, please select the product being manufactured/Traded		

	If not listed above please write in the	he text box below					
	☐ If Others,	•					
	In case of Others, enter the name of manufactured/traded	of the product to be					
44	Address of the proposed manufact	uring/trading enterprise (if different fro	om existing)				
	Taluk/Block:						
	Village						
	District:			Panchayat			
	State:			Pin:			
45	Ownership of Proposed Property Mention Owned/ Rented/ Leased						
	Rent/Lease Period						
	Rent/Leased Amount (Yearly)						
46	Is the proposed project an upgrad a new project? (Mention Upgradation of existing b	ation of existing business related to Fouriers/New Project)	ood Processing or				
47	Proposed Production & Installatio	n Capacity					
	In Quantity						
	In Amount						
48	Proposed Manpower Required De	tails					
	Tenure of Worker (Left to Right)	Temporary Permanent					

	Type of Worker (Top to Bottom) Un-Skilled Worker Skilled Worker	Jeasonal	remporary	remanent						
49		oduct/s to be manualiple products, enter						-		
	P	roposed Product N	ame		Product D	Description				
50	Quotation Deta	ils for the proposed	d Machineries/Equ	ipments						
	S.No.	Machinery Name	Rate (Amount)	Quantity	Quotation Number	Vendor Name	Date of Issue	Vendor Contact Number	Expected Month of Acquisition	Expected Month of Installation
51	Proposed Busin (Sales and Rever									
52	52 Proposed Total Quantity to be sold (In number)		d							
53	Proposed Total (In Values)	Sales in a year								

54	Proposed Net Profit in a year (In INR)	
55	Contribution of the Self Help Group	
	Group Contribution	
	(10% of Project Cost - In INR)	
	Margin Money for Working Capital	
	(20% - In INR)	
	·	