

LIST OF GPs				
Sl.No	Block Name	Name of the GP	No of consumer	Remarks
1	BOUDH	AAINLAPALI	997	New WSHG Required
2	BOUDH	AMBJHARI	999	New WSHG Required
3	BOUDH	BADHIGAON	1169	New WSHG Required
4	BOUDH	BAGHIAPADA	1251	New WSHG Required
5	BOUDH	BAHIRA	1573	New WSHG Required
6	BOUDH	BAUNSUNI	1531	New WSHG Required
7	BOUDH	BRAHMANIPALI	884	New WSHG Required
8	BOUDH	RAXA	1095	New WSHG Required
9	BOUDH	GOCHHAPADA	785	New WSHG Required
10	BOUDH	GUNDULIA	1015	New WSHG Required
11	BOUDH	KASURBANDH	806	New WSHG Required
12	BOUDH	KHUNTABANDH	1376	New WSHG Required
13	BOUDH	LAXMIPRASAD	899	New WSHG Required
14	BOUDH	MANUPALI	979	New WSHG Required
15	BOUDH	MUNDAPADA	1294	New WSHG Required
16	BOUDH	MUNDIPADAR	1305	New WSHG Required
17	BOUDH	MURUSUNDI	1808	New WSHG Required
18	BOUDH	PADMANPUR	1255	New WSHG Required
19	BOUDH	SAGADA	1285	New WSHG Required
20	BOUDH	TALSARDA	930	New WSHG Required
21	BOUDH	TELIBANDH	1134	New WSHG Required
22	BOUDH	TIKARAPADA	1320	New WSHG Required
23	BOUDH	KHALIAPALI(PURU MUNDA)	2451	New WSHG Required
24	HARABHANGA	ADENIGARH	1305	New WSHG Required
25	HARABHANGA	BAMANDA	1339	New WSHG Required
26	HARABHANGA	BANDHAPATHAR	781	New WSHG Required
27	HARABHANGA	BANIBHUSANPUR	1309	New WSHG Required
28	HARABHANGA	BIRANARASINGHPUR	1527	New WSHG Required
29	HARABHANGA	CHHATARANG	897	New WSHG Required
30	HARABHANGA	DHALPUR	1199	New WSHG Required
31	HARABHANGA	HARABHANGA	1742	New WSHG Required
32	HARABHANGA	KARANJAKATA	670	New WSHG Required
33	HARABHANGA	KUSANG	1898	New WSHG Required
34	HARABHANGA	MAHALIKPADA	259	New WSHG Required
35	HARABHANGA	MATHURA	933	New WSHG Required
36	HARABHANGA	PITAMBARPUR	727	New WSHG Required
37	HARABHANGA	PURUNAKATAK	1957	New WSHG Required

38	HARABHANGA	RADHANAGAR	826	New WSHG Required
39	HARABHANGA	RAMAGARH	1067	New WSHG Required
40	HARABHANGA	SARASARA	1464	New WSHG Required
41	HARABHANGA	TALAGAON	1018	New WSHG Required
42	KANTAMAL	AMBAGAON	1087	New WSHG Required
43	KANTAMAL	BARAGAON	1640	New WSHG Required
44	KANTAMAL	BARAGUCHHA	1058	New WSHG Required
45	KANTAMAL	BILASPUR	1329	New WSHG Required
46	KANTAMAL	DAPALA	1260	New WSHG Required
47	KANTAMAL	GHANTAPADA	1587	New WSHG Required
48	KANTAMAL	GHIKUNDI	648	New WSHG Required
49	KANTAMAL	GUDVELIPADAR	993	New WSHG Required
50	KANTAMAL	JOGINDRAPAUR	879	New WSHG Required
51	KANTAMAL	KANTAMAL	1671	New WSHG Required
52	KANTAMAL	KHALIAPALI	1440	New WSHG Required
53	KANTAMAL	KHAMANMUNDA	905	New WSHG Required
54	KANTAMAL	KHATAKHATIA	1561	New WSHG Required
55	KANTAMAL	KHUNTIGORA	964	New WSHG Required
56	KANTAMAL	KULTAJORE	1191	New WSHG Required
57	KANTAMAL	LAMBASARI	1175	New WSHG Required
58	KANTAMAL	MANAMUNDA	2204	New WSHG Required
59	KANTAMAL	NARAYANPRASAD	1148	New WSHG Required
60	KANTAMAL	PALSAGORA	2046	New WSHG Required
61	KANTAMAL	RENGALI	628	New WSHG Required
62	KANTAMAL	RUNDIMAHUL	1171	New WSHG Required
63	KANTAMAL	SIMILIPADAR	1233	New WSHG Required
64	KANTAMAL	SUNDHIPADAR	1114	New WSHG Required
65	KANTAMAL	UMA	749	New WSHG Required

N.B: -

The WSHG should meet the following minimum criteria.

- 1. The WSHG having a valid Mission Shakti ID.**
- 2. They should have a group PAN card.**
- 3. The member and President/Secretary should submit their own Aadhar card.**
- 4. As per the prevailing guidelines the member should deposit security deposit amount of Rs. 20000/- (Refundable) before TPSODL authorities.**
- 5. The WSHG should submit photo copy of bank passbook of WSHG.**
- 6. The SHG members should be able to operate android device.**
- 7. The SHG should be from same GP .**

Format

1. Name of the WSHG / Federation: _____
2. SHG / Federation Address (as applicable):
Village _____ Post Office _____
GP _____ Block _____,
District _____ PIN _____
ICDS Project _____
3. Year of Formation: _____
4. Present livelihood activities: _____
5. Savings Bank Account Number: _____
6. Bank, Branch Name: _____
7. IFS Code: _____
8. Funds available in the Savings Bank Account: Rs. _____
9. Whether following activities are practised:
 - (a) Regular Saving (Yes/No)
 - (b) Meeting Register maintained (Yes/No)
 - (c) Cash Book maintained (Yes/No)
 - (d) Internal Loan Register maintained (Yes/No)
10. Contact No: _____

Signature of the authorised person
of the WSHG / Federation

Date:

Acknowledgement

Received the Expression of Interest from _____ SHG / Federation,
_____, on date _____ for electricity billing and collection of electricity
charges under TPSODL Boudh.

Signature of the CDPO/ Authorised Signatory

Date: