

Form for collecting SHG information

State*:	District*:	Block*:	GP*:	Village*:
SHG Name*:			Date of Formation*:	
SHG Type* : <input type="checkbox"/> New <input type="checkbox"/> Pre-NRLM <input type="checkbox"/> Revived		Date of Cooption/Revival*:		Promoted By: <i>NRLM/ State Project/ NGO/ Any Other</i>
Bank:	Branch Name:	SB A/c Number:		Date of Opening of Account:
Meeting Frequency*: <i>Weekly/Fortnightly/Monthly</i>	Number of times Bank Linkage happened (0 To 10):	Monthly Amount of Saving per member*:	Active Loan A/C Number:	
Micro Plan Prepared: <i>Yes/No</i>	Basic Training Received: <i>Yes/No</i>	Standard Bookkeeping practices: <i>Yes/No</i>	Bookkeeper identified: <i>Yes/No</i> If Yes, Name:	

II. SHG MEMBER DETAILS

S N	Member Name*	Father/Husband Name*	Social Category* (SC/ ST/OBC/ Other)	DOB* (DD/MM/YYYY)	Sub Category			Gender* (Male/ Female/ Trans)	PIP category (POP / Poor / Non-Poor)	Leader* (Present/ Past/Never)
					Disability* (No/Self / Family Member)	(BPL / APL) *	Religion ¹ * (Hindu/ Muslim/ Christian/ Sikh/ Buddhist/Jainism/ Parsi/Other)			
1										
2										
3										
4										
5										
6										
7										
8										

SN	Member Name*	Father/Husband Name*	Social Category* (SC/ ST/OBC/ Other)	DOB* (DD/MM/YYYY)	Sub Category			Gender* (Male/ Female/ Trans)	PIP category (POP / Poor / Non-Poor)	Leader* (Present/ Past/Never)
					Disability* (No/Self / Family Member)	(BPL / APL) *	Religion ¹ * (Hindu/ Muslim/ Christian/ Sikh/ Buddhist/ Jainism/ Parsi/Other)			
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

¹.H: Hindu, M: Muslim, C: Christian, S: Sikh, B: Buddhist, J:Jain, P: Parsi, O: Other

State*:	District*:	Block*:	GP*:	Village*:
SHG Name*:			Date of Formation*:	
Bank:	Branch Name:	SB A/c Number:		Active Loan A/C Number:

SN	Member Name*	Aadhar Number	Mobile No.	Date of joining in SHG*	Bank	Branch	SB Account Number	Aadhar Seeded SB A/C (Y/N)	Signature/Thumb
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

SN	Member Name*	Aadhar Number	Mobile No.	Date of joining in SHG*	Bank	Branch	SB Account Number	Aadhar Seeded SB A/C (Y/N)	Signature/Thumb
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Prepared By

Name:

Signature:

Date:

Signature of Branch Manager