

National Summit of SHG Federations and IGNOU Community colleges
National Conference on IGNOU Community College Initiatives for
Sustainable Livelihoods

Date: September 15 2011

Venue: Thamukkam Ground, Madurai

NOMINATION FORM (Demand Stream-SHG Federations)

Name of the Federation:

Address:

Phone: _____

Fax: _____

E-mail: _____

Website: _____

Date of formation: _____

Legal status of the federation: 1) Society

(Please mark ✓) 2) Trust

3) Co-operative

4) Others (specify) _____

Area of operation

No. of blocks: _____

No. of villages: _____

No. of Panchayats: _____

Federation's details (As on March 2011)

Total No. of SHGs / Cooperative societies : _____

Total No. of Cluster : _____

Total No. of members : _____

Micro Finance Services

Savings:

Number of active savers: _____

Total member savings: _____

Types of products: _____

Credit:

Number of active borrowers: _____

Average loan size per member _____

Insurance:

Total members covered: _____

Insurance products: _____

Membership status

Total number of members: _____

Average membership per group: _____

Number of groups per field staff: _____

Bank linkage status

Number of groups linked with banks: _____

Total loan amount availed from banks & other institutions: _____

Bank loan outstanding amount: _____

Total loan outstanding: _____

Other major activities/programmes of the federation

Health _____

Education _____

Housing _____

Livelihood _____

Natural resource management _____

Old age support _____

Local Governance _____

Any other (specify) _____

Human Resources of the federation

a) No. of Professional: _____

b) No. of Office / Support staff: _____

c) No. of field staff: _____

Details about the Promoting Organisations

Name of the Promoting organisations:

Full Address: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Travel Details for the Summit

	Mode of Transport	Details of the Train / Bus	Date
Arrival			
Departure			

Nomination by the Organization

We are happy to nominate the following participants for the workshop

S. No	Name	Sex	Age	Designation	Years of experience	Languages Known
1						
2						
3						
4						

Registration Fee Rs 300/-

Demand Draft No: _____ Dated: _____

Bank & Branch Name: _____

Do you require stay arrangements?

Note:

1. Kindly plan you travel to reach Madurai on September 14th evening by latest
2. Accommodation and food will be provided from September 14th night to 15th evening.

Date: _____

Place: _____

Signature and Name of the
Nomination Officer