

District Name: _____

ULB Name: _____

Self Help Group No: _____

SHG Details

Section A:

Part 1: SHG Details

1. SHG Name: _____
2. SHG Date of formation: _____
3. Total Members in the SHG: _____
4. Total Male Members in the SHG: _____
5. Total Female Members in the SHG: _____
6. Total Transgender Members in the SHG: _____
7. SHGs formed by : NULM/State/UT/Others (Any one): _____

Part 2: If the SHG is formed by NULM:

1. NULM Group Code: _____
2. Annual Income/ Turnover Generated (In Rs.): _____
3. Contact Person Name: _____
4. Contact No. _____

Part 3: If the SHG is formed by State/UT:

1. Annual Income/ Turnover Generated (In Rs.): _____
2. Contact Person Name: _____
3. Contact No. _____

Part 4: If the SHG is formed by Others:

1. Other SHG formed by: _____
2. Annual Income/ Turnover Generated (In Rs.): _____
3. Contact Person Name: _____
4. Contact No. _____

Section B: Nature of SHG Enterprise (Tick to select), You Can Tick Multiple Options from Part1, Part 2 & Part 3

Part 1: Solid Waste Management

- Managing Waste Processing Plants
- Collection or Transportation
- Creation of Waste to Wealth products

Part 2: Sanitation

- FSTP_STPs Operations
- L&U Drain Cleaning
- Community Toilets _ Public Toilets Maintenance
- Desludging Vehicle

Part 3: Advocacy

- Advocacy _____.

CEO/EO/Nodal Officer

ULB Name: _____



SHG Member Details

Name of the SHG:

Address of the SHG:

Total No. of SHG Members:

S. No.	Member Name	Gender	Designation	Address	Contact No.
1					
2					
3					
4					
5					

Swaaha Executive
(Sign)

SHG Head
(Seal and Sign)

CEO/EO
(Seal and Sign)

Note: If the SHGs are not available in any ULB, the respective CEO/EO to submit an undertaking to the office of the MD, SBM-U 2.0 and copy to Swaaha.