	SE	COND LEVEL SHG FED	ERATION (CLF) PROF	ILE		
CLF Name*:	Name as printed in the Bank pass book	GP-1 Name*:		Atleast one GP name needs to indicate		
CLF Registration No (if registered under any Act):	Not required if CLF not registered under under any Act	Share Capital if any:		<5000 only.		
Date of Renewal:	Date of renewal if registered under any act	Monthly subscription amount of each SHG/ VO*:		<2000 only.		
CLF Office setup*:	(No Office/Govt building/ Pvt. Building/Rented building)	Annual membership fee (if any):		<2000 only		
CLF Office Address*:	Complete postal/communication address needs to indicate and	Formation/Restruture Date*:		DD/MM/YYYY. Date of formation of CLF or date of restructure by SRLM		
	mandatory in case having office	Monthly EC Meeting Date1*:		DD only (Ex.10th of every month)		
		DETAILS OF BANK A				
CLF General A/c No*:	1st Bank Account of CLF. Ensure correct A/c number.	Bank Name*:				
CLF CIF A/c No:	Separate Bank Account for CIF if exists. Ensure correct A/c number.	Bank Name:	nk Name:			
	DETAILS OF REPRESENTATIV	ES OF FIRST LEVEL FE	DERATION (VO) TO C	LF (2ND LEVEL FED		
GP Name*	Name of the VO*	Date of joining in CLF*	Name of representatives of VO to CLF			
* fields are mandatory	List out the VO part of CLF	DD/MM/YYYY	Name of all EC/OB member representing from VO to CLF.			
	By default all SHGs of selected VOs are members of CLF	Date of joining in CLF should not before formation date of CLF/VO	Provision for selection of name from EC/OB members of VO only			

GP Name*	Name of the VO*	Date of joining in CLF*	Name of representatives of VO to CLF*

Signature of Book Keeper/CC/AC

GP-2 Name:	May indicate more GPs name covered the CLF		
CC/AC/CM Name (Facilitator from Project):	Name of facilitator from project side		
CC/AC/CM Contact number:	10 digit mobile no only		
CLF Book Keeper's Name:	Name of CLF Book Keeper		
CLF Book Keeper's Contact number:	10 digit mobile no only		
Monthly EC Meeting Date2 (if any):	DD only (Ex.25th of every month)		
(Attach xerox cop	oy of Bank Pass Book)		
Branch Name*:			
Branch Name:			
ERATION)			
Designation in EC*	Mobile Number* (Mandatory for CLF's President and Secretary)		
President*			
Secretary*			
Vice President			
Asst. Secretary			
Treasurer			
EC Member			

Designation in EC*	Mobile Number* (Mandatory for CLF's President and Secretary)
Co-opted Member	
Member (In case representative from VO but not member in EC of CLF)	

Signature of CLF President

	SECOND LEVEL SHG FEDERATION (CLF) PROFILE						
CLF Name*:		GP-1 Name*:		GP-2 Name:			
CLF Registration No (if registered under any Act):				CC/AC/CM Name (Facilitator from Project):			
Date of Renewal:		Monthly subscription amount of each SHG/VO*:		CC/AC/CM Contact number:			
CLF Office setup*:		Annual membership fee (if any):		CLF Book Keeper's Name:			
CLF Office Address:		Monthly EC Meeting Date1*:		CLF Book Keeper's Contact number:			
				Monthly EC Meeting Date2 (if any):			
		DETA	ALS OF BANK	ACCOUNTS	(Attach xerox o	copy of Bank Pass Book)	
CLF General A/c No*:		Bank Name*:			Branch Name*:		
CLF CIF A/c No:		Bank Name:			Branch Name:		
	DETAILS OF REPRESENTATIN	ES OF FIRST LE	VEL FEDERAT	ION (VO) TO CLF (2	ND LEVEL FEDERATION)		
GP Name*	Name of the VO*	Date of joining in CLF*		sentatives of VO to CLF*	Designation in EC*	Mobile Number* (Mandatory for CLF's President and Secretary)	

GP Name*	Name of the VO*	Date of joining in CLF*	Name of representatives of VO to CLF*	Designation in EC*	Mobile Number* (Mandatory for CLF's President and Secretary)

* Fileds are mandatory.

Signature of Book Keeper/CC/AC

Signature of CLF President