

## Proposed Format for the MCP

| <b>MCP FORMAT</b>                |  |            |
|----------------------------------|--|------------|
| <b>SHG Name:</b>                 | <b>SHG Profile</b>                           | <b>Y/N</b> |
| <b>VO Name:</b>                  | <b>SHG Member Profile</b>                    | <b>Y/N</b> |
| <b>Village Name:</b>             | <b>Member Income-Expenditure Analysis</b>    | <b>Y/N</b> |
| <b>Gram Panchayat Name:</b>      | <b>Village Resource/ Livelihood Analysis</b> | <b>Y/N</b> |
| <b>Block Name:</b>               |  |            |
| <b>Dates for Conducting MCP:</b> |  |            |

| Sr.no.                                   | Names of the members of SHGs | Purpose of Loan | Total Loan amount Required (in Rs.) | Expected Loan amount (CIF/Bank..) | Priority /Rotation | No. Of Installments | Signature of The Member |
|--|------------------------------|-----------------|-------------------------------------|-----------------------------------|--------------------|---------------------|-------------------------|
| 1  |                              |                 |                                     |                                   |                    |                     |                         |
| 2  |                              |                 |                                     |                                   |                    |                     |                         |
| 3  |                              |                 |                                     |                                   |                    |                     |                         |
| 4  |                              |                 |                                     |                                   |                    |                     |                         |
| 5  |                              |                 |                                     |                                   |                    |                     |                         |
| 6  |                              |                 |                                     |                                   |                    |                     |                         |
| 7  |                              |                 |                                     |                                   |                    |                     |                         |
| 8  |                              |                 |                                     |                                   |                    |                     |                         |
| 9  |                              |                 |                                     |                                   |                    |                     |                         |
| 10                                       |                              |                 |                                     |                                   |                    |                     |                         |
| 11                                       |                              |                 |                                     |                                   |                    |                     |                         |
| 12                                       |                              |                 |                                     |                                   |                    |                     |                         |
| 13                                       |                              |                 |                                     |                                   |                    |                     |                         |
| 14                                       |                              |                 |                                     |                                   |                    |                     |                         |
| 15                                       |                              |                 |                                     |                                   |                    |                     |                         |
| <b>Details of Group Level Activities</b> |                              |                 |                                     |                                   |                    |                     |                         |
| 1  |                              |                 |                                     |                                   |                    |                     |                         |
| 2  |                              |                 |                                     |                                   |                    |                     |                         |
| 3  |                              |                 |                                     |                                   |                    |                     |                         |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

**Any Other Needs: (Convergence, Vulnerability Training etc. )**

**Signed by SHG Leaders :**

**President/ Leader 1:**

**Secretary/ Leader 2:**

**Appraised and approved by Other SHG Leaders or VO Office Bearers:**

| Sr. No. | Names of the Leaders | Name of the SHG | Leadership Position Held | Signature |
|---------|----------------------|-----------------|--------------------------|-----------|
| 1       |                      |                 |                          |           |
| 2       |                      |                 |                          |           |
| 3       |                      |                 |                          |           |
| 4       |                      |                 |                          |           |
| 5       |                      |                 |                          |           |

**Facilitated by facilitators and Mission staff of SRLM involved, if any:**

| Sr.no. | Name of the facilitators/ Mission Staff | Position | Signature |
|--------|---|----------|-----------|
| 1      |   |          |           |
| 2      |   |          |           |
| 3      |   |          |           |
| 4      |   |          |           |