

SHG and Member Profile Collection Form

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 into NRLM*:		Promoted By: <i>NRLM/ State Project/ NGO/ Any Other</i>
Bank:	Branch Name:	SB A/c Number:		Date of Account Opening:
Meeting Frequency*: <i>Weekly/Fortnightly/Monthly</i>	Monthly Amount of Saving per member*:	Basic Training Received: <i>Yes/No</i>		Active Bank Loan A/C Number:
Amount of Capital Subsidy/Grant received prior to NRLM:		*Have Trained Bookkeeper: <i>No/Internal/External</i>		*Name of Book Keeper : (if not No)

II. SHG MEMBER DETAILS

SN	Member Name*	Father/Husband Name*	Social Category*	DOB* (DD/MM/YYYY)	Sub Category			PIP category (POP / Poor / Non-Poor)	Leader* (L1- President/ L2-Secy/L3- Tres/ Member)	*Date of joining in SHG	Education Level
					Disability* (No/Self / Family Member)	Religion1* (Hindu/ Muslim/ Christian/ Sikh/ Buddhist/ Jainism/ Parsi/Other)	Gender* (Male/ Female/ Trans)				
1											
2											
3											
4											
5											
6											
7											
8											

SN	Member Name*	Father/Husband Name*	Social Category* (SC/ST/OBC/Other)	DOB* (DD/MM/YY)	Sub Category			PIP category (POP / Poor / Non-Poor)	Leader* (L1-President/ L2-Secy/L3-Tres/Mem- ber)	*Date of joining in SHG	Education Level
					Disability* (No/Self / Family Member)	Religion ¹ * (Hindu/ Muslim/ Christian/ Sikh/ Buddhist/ Jainism/ Parsi/Other)	Gender* (Male/ Female/ Trans)				
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*	Enrolled in Insurance				Aadhar Number	Mobile No.	Bank	Branch	SB Account Number	Aadhar Seeded SB A/C (Y/N)	Signature/Thumb
		PMJJY	PMSBY	Others	APY							
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

SN	Member Name*	Enrolled in Insurance				Aadhar Number	Mobile No.	Bank	Branch	SB Account Number	Aadhar Seeded SB A/C (Y/N)	Signature/Thumb
		PMJJY	PMSBY	Others	APY							
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Prepared By

Name:

Signature:

Date:

Signature of Branch Manager