

Cost of the Form: Nil (PLEASE FILL IN THE FORM IN BLOCK LETTERS ONLY)

VLE Name: _____

Mobile No:

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GP: _____

Block: _____

District: _____

Check List: Enclosed with this application form

Annexure G Attached Not Attached

Annexure S Attached Not Attached

Annexure N Attached Not Attached

Application form for Agricultural Credit Attached Not Attached

Authorization for deduct EMI Attached Not Attached

Proof of Date of Birth (Please attach any one of the following self attested)

Birth Certificate /School Leaving Certificate /Class X Admit /PAN Card /Voter ID Card

Proof of Residence (Please attach any one of the following self attested)

Ration Card /Voter ID Card /GP Certificate (in Original) /Electric Bill /Telephone Bill

Proof of Ownership of CSC Place (Please attach any one of the following self attested)

Tax Receipt /Rent Receipt /GP Certificate /Agreement with Landlord /Declaration from House Owner

Proof of Photo Identity (Please attach any one of the following self attested)

PAN Card /Voter ID Card /Driving License /Passport

Proof of Education (Please attach photocopy of all the certificates and credentials duly attested)

Proof of Computer Knowledge (Please attach photocopy of all the certificates and credentials duly attested)

Passport Photograph: - One affixed with Application Form

- Seven attached with Application Form (Please don't staple)

Demand Draft Details: A Demand Draft of **Rs. 50/-** is to be attached with this application form as Application Fees and the DD should be drawn in favour of '**SREI SAHAJ E-VILLAGE LIMITED**', payable at **KOLKATA**)

DD Amount: Rs. _____, DD No. _____ DD Date _____

Drawn on _____ Branch _____

For Office Use Only-----

Checked & verified by:

Signature of SAHAJ Representative

**APPLICATION FOR VILLAGE LEVEL ENTREPRENEUR
IN SAHAJ JANA SEBA KENDRA (ORISSA)**

To
The Officer-in-charge,
SREI Sahaj E-Village Limited

Sir,
I, _____,
wish to apply for a Sahaj Tathya Mitra Kendra in the below mentioned
location. Other relevant particulars are given below:

Affix one coloured
passport photo with
blue background
(Please don't
put signature
on photograph)

Detailed Location of Proposed CSC

CSC Location (Please tick ✓)	GP Office <input type="checkbox"/>	BDO Office <input type="checkbox"/>	Private Place <input type="checkbox"/>
Gram Panchayat			
Block/ Panchayat Samity			
Full Residential Address with PIN Code			
CSC Address with PIN Code			
Post Office			
Police Station			
Near Location/ Locality			
District			

Applicant's Details

Gender (Please tick ✓)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status (Please tick ✓)	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>
Affiliation/ membership with SHG (if yes, specify the Group & Federation name)	
Educational Qualification (Please tick ✓)	Class X <input type="checkbox"/> Class XII <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate and above <input type="checkbox"/>
Computer Literacy (Please tick ✓)	Basic knowledge <input type="checkbox"/> Advanced knowledge <input type="checkbox"/>
Valid E-mail ID	
Present Source of Business, if any	
Revenue from business per month (Please tick ✓)	Less than Rs. 2500/- <input type="checkbox"/> Rs. 2500/- - Rs. 5000/- <input type="checkbox"/> Rs. 2500/- - Rs. 5000/- <input type="checkbox"/> Rs. 5000/- - Rs. 7500/- <input type="checkbox"/> More than Rs. 7500/- <input type="checkbox"/>
Currently Banking with (Specify the Name & Branch of Bank)	
Cheque Facility (Please tick ✓)	Available <input type="checkbox"/> Not available <input type="checkbox"/>
Whether the Bank Branch is with Core Banking System (CBS) (Please tick ✓)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Insurance Details	
Blood Group of VLE	

About Proposed CSC Location

Within 3 Km radius around the CSC, there are (Please provide names wherever possible)	
<input type="checkbox"/> Bank _____	<input type="checkbox"/> Insurance Agent _____
<input type="checkbox"/> Cyber Café _____	<input type="checkbox"/> Railway Station _____
<input type="checkbox"/> Post Office _____	<input type="checkbox"/> Police Station _____
<input type="checkbox"/> School _____	<input type="checkbox"/> Computer Education Centre _____
<input type="checkbox"/> Health Centre _____	<input type="checkbox"/> Hospital _____
<input type="checkbox"/> Nursing Home _____	<input type="checkbox"/> Market _____
Population (Please tick ✓)	
Source of Information for above point	GP <input type="checkbox"/> Block <input type="checkbox"/> Others <input type="checkbox"/> , Specify _____
Most Prevalent occupation (Please tick ✓)	Agriculture <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/>
Whether there is Landline Phone connection in CSC Locality	Available <input type="checkbox"/> Not Available <input type="checkbox"/> Specify _____
Whether there is Broad Band connectivity in CSC Locality	Available <input type="checkbox"/> Not Available <input type="checkbox"/> Specify _____

CSC SITE POSITION MAP

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CSC ROOM DRAWING

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CSC Room Details

CSC Room Size (Length x Breadth)	
Room Location	Ground Floor <input type="checkbox"/> 1 st Floor <input type="checkbox"/> Others <input type="checkbox"/> Specify _____
Room Condition	Old <input type="checkbox"/> New <input type="checkbox"/>
Room availability	Available <input type="checkbox"/> In other Use <input type="checkbox"/>

Declaration: I hereby solemnly declare that to the best of my knowledge and belief, the information given in this application form is correct and complete. If any discrepancy found the CSC ownership will be terminated. I also declare that I do not have any criminal cases pending against me. I also declare that I will not do any illegal business from the CSC if selected. I will abide by the rules and regulations set by SREI Sahaj E-village Limited in the entire tenure of Business with SREI Sahaj E-village Limited. I also hereby agree to abide by any modification in the scheme approved by the SDA. I shall be bound to pay extra capital in future if required by SREI Sahaj E-village Limited. I also declare that the possession of CSC Room is my responsibility; only assistance may be given by SREI Sahaj E-village Limited.

Place:
Date:

Signature of Applicant (VLE)

Annexure G

(Please fill in the form in **BLOCK LETTERS** only; **all fields are mandatory**)
(To be attached with the Main Application Form)

Name of VLE	
CSC Location (Please tick ✓)	GP Office <input type="checkbox"/> BDO Office <input type="checkbox"/> Private Place <input type="checkbox"/>
Permanent Residential Address with PIN Code	
Telephone No. (with STD code)	Mobile:
	Shop/ Office:
	Residence/ PP:
Full CSC Address	
CSC Village	
Gram Panchayat	
Block/ Panchayat Samity	
GP/ Bldg Name (if any)	
Bldg No. / Shop No. (if any)	
Street Name & No. (if any)	
Post Office	
Police Station	
Near Location/ Locality of CSC	
CSC PIN Code	
District	
District Zone	
Affiliation/ membership with SHG (if yes, specify the Group & Federation name)	
Educational Qualification (Please tick ✓)	Class X <input type="checkbox"/> Class XII <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate and above <input type="checkbox"/>
Computer Literacy (Please tick ✓)	Basic knowledge <input type="checkbox"/> Advanced knowledge <input type="checkbox"/>
Valid E-mail ID	
Present Source of Business (if any)	
Revenue from business per month (Please tick ✓)	Less than Rs. 2500/- <input type="checkbox"/> Rs. 2500/- - Rs. 5000/- <input type="checkbox"/> Rs. 2500/- - Rs. 5000/- <input type="checkbox"/> Rs. 5000/- - Rs. 7500/- <input type="checkbox"/> More than Rs. 7500/- <input type="checkbox"/>
Currently Banking with (Specify the Name, A/c No., Branch of Bank)	

Signature of Applicant (VLE)

Annexure S

(Please fill in the form in **BLOCK LETTERS** only; **all fields are mandatory**)
(To be attached with the Main Application Form)

Name of VLE	
Father's/ Husband's Name	
Mother's Name	
Applicant's Date of Birth (DD/MM/YYYY)	
CSC Location (Please tick ✓)	GP Office <input type="checkbox"/> BDO Office <input type="checkbox"/> Private Place <input type="checkbox"/>
Permanent Residential Address with PIN Code	
Period of Stay at Current location	
Full CSC Address with PIN Code	
Gram Panchayat	
Block/ Panchayat Samity	
Post Office	
Police Station	
Near Location/ Locality of CSC	
Telephone No. (with STD code)	Mobile:
	Shop/ Office:
	Residence/ PP:
Educational Qualification (Please tick ✓)	Class X <input type="checkbox"/> Class XII <input type="checkbox"/>
	Graduate <input type="checkbox"/> Post Graduate and above <input type="checkbox"/>
Computer Literacy (Please tick ✓)	Basic knowledge <input type="checkbox"/> Advanced knowledge <input type="checkbox"/>
Voter Card No. (attach photocopy)	
Ration Card No. (attach photocopy)	
Residential & Character Certificate from Gram Panchayat Pradhan/ Block Development Officer	Attached <input type="checkbox"/> Not Attached <input type="checkbox"/>
VLE contribution to Project Cost (Please tick ✓)	Rs. 40,000/- <input type="checkbox"/> Rs. 1,60,000/- <input type="checkbox"/>
	Other Amount <input type="checkbox"/> , Please Specify _____
Loan required from Bank (Please tick ✓)	Rs. 1,20,000/- <input type="checkbox"/> Not Applicable <input type="checkbox"/>
	Other Amount <input type="checkbox"/> , Please Specify _____
Details of Credit History with supporting documentation. In case you have defaulted in paying back any loan, please give details of the scheme and detailed reason of failing to repay the loan.	
Electricity Availability	Less than 4 hours <input type="checkbox"/> 4 to 14 hours <input type="checkbox"/>

	14 to 20 hours <input type="checkbox"/> Above 20 hours <input type="checkbox"/>
Alternate source of Electricity	UPS <input type="checkbox"/> Generator <input type="checkbox"/>
Size of the CSC Room (Length x Breadth)	
Concrete Roof	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please specify _____
Availability of Sewerage System	Yes <input type="checkbox"/> No <input type="checkbox"/>
Availability of Drinking Water	Yes <input type="checkbox"/> No <input type="checkbox"/>
Availability of Toilet	Yes <input type="checkbox"/> No <input type="checkbox"/>
Road connected to CSC	Puckka <input type="checkbox"/> Kaccha <input type="checkbox"/>
Distance from Block Office (in Kms)	
Distance from District Headquarter (in Kms)	

References

Reference One

Name of Referrer	
Address of Referrer	
Phone No. of Referrer	
Designation/ Title	
How long do you know him/ her and on what context?	

Reference Two

Name of Referrer	
Address of Referrer	
Phone No. of Referrer	
Designation/ Title	
How long do you know him/ her and on what context?	

Place:

Date:

Signature of Applicant (VLE)

Annexure N

Declaration for Nomination

I, _____ (Name of VLE) do hereby nominate the person mentioned below to become VLE in my CSC, in event of my death:

Name of the nominee	Address of the Nominee	Nominee's relationship with the VLE	Date of Birth of Nominee	If the nominee is a minor, name, relationship & address of the guardian

Place:
Date:

Signature of Applicant (VLE)