

21

EXPRESSION OF INTEREST (EOI)

Meghalaya State Rural Livelihood Society (MSRLS), the Nodal Agency for implementing National Rural Livelihood Mission (NRLM) invites Expression Of Interest from agency/individual to come in partnership for setting up the mission having the following particulars may apply:

- i) NGO/Agency: those working in the field with:
 - a) Community in social mobilisation and institution building of the community.
 - b) Promotion of Women led Micro Enterprise
 - c) Adopting Financial Inclusion for strengthening of the Women's Group/SHGs/ Producers Group

- ii) Training Institute/Agency - (Governmental & Non-Governmental)
 - a) Provision of Trainers for imparting training on the following trades - Food Processing, Handicraft, Value Addition on the non-farm based activities, Rural Tourism etc
 - b) Provision to demonstrate and train on improved packaging, product handling
 - c) Availability of Classrooms, training hall, Residential Facility
 - d) Mess/ Canteen Facility

- iii) Professional Individuals who may be able to function as Resource Person
 - a. The person should have at least 10-15years+ work experience preferably in large-scale livelihood program/project. S/he should have experience of managing large scale Non-Farm based livelihoods programme, coordinating resource organization for planning and establishment of Non-Farm enterprises. The person should also possess skill of liaising with business enterprises, government and service provider agencies.
 - b. Knowledge will be preferred in the areas of statutory matters affecting micro-& small enterprises sector, ability to address compliance issues and resolve outstanding matters in primary value addition of the products, Create market-linkages for the trainee
 - c. Willingness to travel in the remote & interior villages of within the state
 - d. The following area of expertise:
 - i) Handicraft - Bamboo & Cane with emphasis on Value Addition
 - ii) Hand-holding of the trainees for the first few months post training for follow-ups
 - iii) Food-Processing - Certification on the training courses (Required)
 - iv) Rural Tourism

- iv) Educational Institutes
 - a. Institutions that are interested in field based activity for Internships and Placements
 - b. Short-term courses on ii) and iii) particulars


Interested individuals and bodies may fill the respective formats and submit it to the office of the undersigned:

Meghalaya State Rural Livelihoods Society
2nd Floor Monfort Building
Dhankheti, Shillong - 793001

For more details and to download the complete forms the interested individuals and bodies may log in to:
www.msrls.org / Call: 0364-2502130
Email: msrls2011@gmail.com/svepmeg2017@gmail.com

The EOI forms will be available: 30th April 2018

Last date of Submission of the EOI forms: 28th May 2018


Smt I.R Sangma, IAS
Chief Executive Officer
Meghalaya State Rural Livelihoods Society
Dhankheti, Shillong

DETAILS OF NGO/AGENCY

Name of NGO/Agency:		
1. Preferred area of Work:	(Tick)	1(a) if any, please specify years of working in the field
1. Community		
2. Micro Enterprise		
3. Social Mobilization (SHG)		
4. Financial Inclusion		
5. Livelihoods		
2 (A) Type of Registration:		2 (B) Registration No:
2 (C) Year of Registration:		3. Email Id:
4. Address:		
5. Area of Operations:		
Contact Details		
Promoter/Chief functionary of Agency/NGO		
Name:		Name:
Contact No:		Contact No:
Email Id		Email Id
Skill Set of the Resource Person of the NGO/Agency:		If any Specify:
No. of permanent staff engaged (profile enclosed):		
Funds received and Purpose:		
Concept note on the partnership 1-2 pages to be enclosed:		

Signature:

Name in full:

Designation:

Organisation:

PROFILE OF TRAINING INSTITUTE AND INSTITUTE FACILITIES AVAILABLE DETAILS

1.Name of Institute:	2. Government Stake Holding in the Institute (% Of Govt. Stake If any):	
3. Type of Institute	4. Register with any agency(Yes/NO)	
	5. If yes, Enclosed certificate:	
BANK DETAILS (Enclosed details certified by Bank Manager)		
1. Bank name with address:	2. Account No:	
3.IFSC Code:	4. GST (if applicable enclosed photocopy):	
Amenities of the Institute		
1.Name and contact details of representative of Institute nominated for this programme:		
2(a). Classroom facility(Enclose Photograph):	2(b).Size (Sq.m)- No. of Seats- Audio/Video Facilities Cooling facilities-	
3(a) Residential facility for Male available for this programme (Enclose Photograph)	3(b) No. of Rooms- Size of Rooms-	

	No. of Bed Per Rooms-
4(a) Residential facility for Female available for this programme(Enclose Photograph):	4(b) No. of Rooms-
	Size of Rooms-
	No. of Bed Per Rooms-
Security Facility mention:	Mess Canteen Facility:
Laboratory Facility (If any: Enclose photograph and list of equipment available)	Workshop facility (Enclosed photograph and list of equipment available):
Power: (Electricity & water supply):	
Name of Resource person available for this programme (Enclosed Profile):	
Any Other detail for partnership (2pages only):	

Signature:

Name in Full:

Designation:

Profile of the Professional Resource Person

Name:				
Date of Birth:				
Gender:				
Educational Qualification(Please attach photocopy of certificates)				
Examination passed	Board/university	Year of passing	Percentage %	DIV
Detail Contact				
Full details of registered address for Communication :				
			Pin code:	
Office:				
Residence:				

Communication with CODE number		Mobile:		
		Email:		
		Languages	Yes/No	
Languages Known		Khasi		
		Garro		
		English		
		Hindi		
		Others (Specify):		
Details Experience (Certificates to be attached with)				
Organization	Years of working	Nature of work	Designation	Reason of leaving
1.				
2.				
3.				
Skill Sets (Certificates to be attached with)				
Name of the Training attended		No. of Training attended	Theme	
1.				
2.				
3.				
Name of the Training conducted		No. of Training conducted	Theme	
1.				
2.				
3.				
		Mention the area		

Area of Expertise (in training):	1.
	2.
	3.
Any other:	
Willingness to travel to remote villages for overnight stays?	Yes/No
Affiliations:	1. Are you already identified by any district/state/programme/organisation as a resource person? Give details
	2. Have you developed any resource materials module? Yes/No, if yes please detail out
Concept note 1-2 pages to be enclosed	

Signature _____

Full Name _____

Note: Please provide complete information. Do not leave any gap, if any part/point is

Not Applicable please write "NA"