**SHG and Member Profile Collection Form**

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| State\*: | District\*: | Block\*: | | | GP\*: | | | | Village\*: |
| SHG Name**\***: | | | | | | Date of Formation**\***: | | | |
| SHG Type**\*** : □New □Pre-NRLM □Revived | | Date of Cooption/Revival into NRLM**\***: | | | | | | Promoted By: NRLM/ State Project/ NGO/ Any Other | |
| Bank: | Branch Name: | | | SB A/c Number: | | | | | Date of Account Opening: |
| Meeting Frequency**\***:  Weekly/Fortnightly/Monthly | Monthly Amount of Saving per member**\***: | | Basic Training Received: Yes/No | | | | Active Bank Loan A/C Number: | | |
| Amount of Capital Subsidy/Grant  received prior to NRLM: | | | **\***Have Trained Bookkeeper: No/Internal/External | | | | **\***Name of Book Keeper :  (if not No) | | |

**II. SHG MEMBER DETAILS**

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| SN | Member Name**\*** | Father/Husband Name**\*** | | Social Category**\***  (SC/ ST/OBC/ Other) | | DOB**\*** (DD/MM/YYYY) | Sub Category | | | PIP category (POP / Poor / Non-Poor) | Leader**\*** (L1-Presdent/ 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) |
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| SN | Member Name**\*** | | Father/Husband Name**\*** | | Social Category**\***  (SC/ ST/OBC/ Other) | DOB**\*** (DD/MM/YYYY) | Sub Category | | | PIP category (POP / Poor / Non-Poor) | Leader**\*** (L1-Presdent/ 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) |
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1.H: Hindu, M: Muslim, C: Christian, S: Sikh, B: Buddhist, J:Jain, P: Parsi, O: Other

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| State**\***: | District**\***: | Block**\***: | | GP**\***: | | Village**\***: |
| SHG Name**\***: | | | | | Date of Formation**\***: | |
| Bank: | Branch Name: | | SB A/c Number: | | | Active Loan A/C Number: |

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| 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 | |
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| 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 |  |  | |  |  |  |  | | |  |  |  |  | |  | |  |
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**Prepared By**

**Name: Signature: Date: Signature of Branch Manager**