

**THE A.P STATE MINORITIES FINANCE CORPORATION LIMITED**

..... DISTRICT

DEVELOPMENT OF MINORITY WOMEN IN URBAN AREAS

**DOMWUA**

RECOGNITION CERTIFICATE

This is to certify that .....  
..... DOMWUA Association .....  
..... Mandal ..... District is recognized  
by the .....Andhra Pradesh State Minorities Finance  
Corporation Limited., ..... District.

This group is recognized through **DOMWUA “ DEVELOPMENT OF  
MINORITIES WOMEN IN URBAN AREA”** programme. The Recognition  
member is **PDM / DOMWUA / 1 / 98.**

The founder president is Smt./Kum .....  
W/o .....R/o.....  
and Secretary is Smt./Kum .....  
W/o ..... R/o ..... Of this group.

**THE A.P.STATE MINORITIES FINANCE CORPORATION**

..... DISTRICT

**DOMWUA GROUP DETAILS**

(for Office use Only)

1. Year :
2. Group ID No. :
3. Name of Group :
4. Address :
  
5. Town :
6. District :
7. NGO Involved :
  
8. Date of Saving Started :
9. Savings Accumulated :
10. Bank Balance as on Date :       Rs.               Dt:               Month  
    Year
11. Bank Account Number :
12. Name of the Bank :
13. Revolving Fund Amount : Amount Rs. ....  
    Sanctioned by H.O       : Proc No. ....  
                                  : Date .....  
                                  : Cheque No. ....  
                                  : Cheque Date .....
  
14. District Office Releases : Amount Rs. ....  
                                  : Proc No. ....  
                                  : Date .....  
                                  : Cheque No. ....  
                                  : Cheque Date .....
  
15. Member Trained         : Y / N
  
16. Common Work shed     : Y / N
  
17. Marketing Linking     : Y / N

S.No.	Name and Address	Signature
1.	Name..... W/o..... H/No..... Lane..... Area.....	
2.	Name..... W/o..... H/No..... Lane..... Area.....	
3.	Name..... W/o..... H/No..... Lane..... Area.....	
4.	Name..... W/o..... H/No..... Lane..... Area.....	
5.	Name..... W/o..... H/No..... Lane..... Area.....	
6.	Name..... W/o..... H/No..... Lane..... Area.....	
7.	Name..... W/o..... H/No..... Lane..... Area.....	
8.	Name..... W/o..... H/No..... Lane..... Area.....	

9. Name.....  
W/o.....  
H/No.....  
Lane.....  
Area.....
10. Name.....  
W/o.....  
H/No.....  
Lane.....  
Area.....
11. Name.....  
W/o.....  
H/No.....  
Lane.....  
Area.....
12. Name.....  
W/o.....  
H/No.....  
Lane.....  
Area.....
13. Name.....  
W/o.....  
H/No.....  
Lane.....  
Area.....
14. Name.....  
W/o.....  
H/No.....  
Lane.....  
Area.....
15. Name.....  
W/o.....  
H/No.....  
Lane.....  
Area.....

**OATH BY THE PRESIDENT**

I, Smt.....

W/o.....R/o.....

Hereby agree to hold Presidentship of the .....

group and promise to abide for development and self-sufficiency of the group and proper utilization of funds.

Signature of the President

.....

Witness: .....

1. ....

2.

**OATH OF THE SECRETARY**

I, Smt.....

W/o.....R/o.....

Hereby agree to hold Presidentship of the .....

group and promise to abide for development and self-sufficiency of the group and proper utilization of funds.

Signature of the President

.....

Witness: .....

1. ....

2.

**The A.P. State Minorities Finance Corporation Limited.**

District.

**DOMWUA Group – Member wise Bio – data**

District : Date of Group Recognized :  
 Town : Date of Savings started :  
 Group Name : Thrifted Bank Name :  
 President Name : Thrifted Bank Account :

Member Name & W/o	Age	Status	Community	Literate (Y/N)	Family Planning (Y/N)	No. of Children		Immunised		PHY Mental Children		School Going	
						M	F	M	F	M	F	M	F
2	3	4	5	6	7	8	9	10	11	12	13	14	15

Note status: U: Unmarried M: Married W: Widow D: Divorce O: Others (Deserte.Destitute etc.)

Community: M: Muslim C: Christian S: Sikhs B: Buddhist P: Parsis J: Jain

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