



## **FACT SHEET**

**For conducting election of Board & Office Bearers in Multi State Cooperative Society (MSCS)**

(All information should be filled. If not applicable, mention as NA)

<b>(A) Information about MSCS</b>						
i	Name of Society					
ii	Registration Number Including Year					
iii	Complete address of registered office with district, State name & pin code					
iv	Registered Email ID & registered mobile number of society					
v	Whether Bye-Laws of society has been amended as per MSCS (amendment) Act and Rules 2023?	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b> <b>if yes, mention date of amendment</b>				
vi	Whether society has its official website?	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b> <b>if yes, mention website link</b>				
vii	Whether the MSCS is under Liquidation?	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b>				
viii	Whether any Election related court matter is pending?	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b> <b>if yes, mention case no. and year</b>				
ix	Area of Operation of Society	<b>Mention Number &amp; Name of States</b>				
x	Any other disclosure for conducting election					
<b>(B) Information about Members of the Society</b>						
xi	Nature of members	<b>Individual <input type="checkbox"/> / Society &amp; Organisation <input type="checkbox"/></b>				
xii	Total number of Member (Attach State and District wise number as a separate annexure)	<b>Individual member</b>				
<b>Society &amp; Organisation (excluding MSCS)</b>						
<b>MSCS</b>						
<b>Total Number</b>						
xiii	Whether provision of constitution of Representative General Body (RGB) provided in bye-laws of society?	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b> <b>if yes, mention constituency wise number of RGB member</b>				
xiv	Whether provision of delegate election provided in the bye-laws of society	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b> <b>if yes, mention</b> <b>Total number of constituency-</b> <b>Total number of delegates-</b>				
xv	Category of members	Category	General	SC/ ST	Women	Total No.
Number of Individual						
Number of RGB member as per Bye Laws						
Number of Delegate as per Bye Laws						



(C) Information about Board of the Society		
xvi	No. of Board of Director to be elected as per Bye-laws	<b>General -</b> <b>SC/ST-</b> <b>Women-</b> <b>Total-</b>
xvii	Total number of board members whose election is proposed	<b>General-</b> <b>SC/ST-</b> <b>Women -</b> <b>Total-</b>
xviii	Date of board election	<b>Last date of election-</b> <b>Due date of election-</b>
xix	Reason of proposed election	Completion of term <input type="checkbox"/> / Casual Vacancy <input type="checkbox"/> If casual vacancy, mention number of vacancy and class of director in respect of which vacancy has arisen
<b>(D) Disqualification for being a member of Board as per Section 43 of MSCS Act</b>		
xx	Number of members who has been adjudged by a competent court to be insolvent or of unsound mind	
xxi	Number of members who is concerned & participates in the profit of any contract with the society	
xxii	Number of members who holds any office or place of profit under the society	
xxiii	Number of members who admitted in society for less than 12 months immediately preceding the due date of election	
xxiv	Whether there are members, against whom any amount is due for recovery under a decree, decision or order, under MSCS Act?	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b> <b>If yes, mention the name of the member</b>
xxv	Number of members disqualified for being a member under section 29 of MSCS Act	
xxvi	Whether there is any board member whose relative is employee of the said society as per sub section 6 of Section 41 of MSCS Act?	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b> <b>If yes, mention the name of Board of directors</b>
xxvii	Whether Annual General Meeting of society has been called as per section 39 of MSCS Act?	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b> <b>If no, Mention the name of Board of directors with relevant period.</b>
xxviii	Whether Annual Financial Statement has been prepared and presented during Annual General meeting	<b>Yes <input type="checkbox"/> / No <input type="checkbox"/></b> <b>If no, Mention the name of Board of directors with relevant period.</b>





xxix	Whether contribution toward Education Fund as per Section 63 (1) (b) of MSCS 2002 has been made?	Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period.
xxx	Whether MSCS has contributed Cooperative Rehabilitation, Reconstruction, and Development Fund as per Section 63 A	Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period.
xxxi	Whether Annual Return specified in Section 120, within the time specified therein, has been filed	Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period.
xxxii	Whether Audit of Society has been carried out within six months of the closer of the F.Y.	Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period.
xxxiii	Any other disclosure related to disqualification for being a Board Member	
<b>(E) Disqualification for being an Office Bearer as per Section 44 of MSCS Act</b>		
xxxiv	Member of the board who is presently a Minister in the Central Government or a State Government	Name & Admission No.
xxxv	Member of the Board who completed two consecutive terms, whether full or part, as the Chairperson or President.	Name & Admission No.
(F)	Any other information relating to disqualification of a member, Board of Director, Chairman and Vice Chairman	
(G)	A short note may be given about logistics requirement for conduct of election (like Numbers of Booths, Places, Area, Use of postal ballot etc.)	

Note: Details of all above information should also be provided to Returning Officer for conducting free, fair & transparent election.

**Signature &  
Name of Chairman/President/Chief Promoter.**

**Signature &  
Name of MD/CEO  
Name of Society**

**Date:  
Place:**