

Swachh Bharat Mission



Format I : For data on toilet

(This form to be downloaded/printed and duly filled in and signed copy to be scanned and submitted on the website)

(A) Geographical Particulars	
1.	State : In drop Down list Format
2.	Distt. : In drop Down list Format
3.	Block : In drop Down list Format
4.	State : In drop Down list Format
5.	State : In drop Down list Format
6.	State : In drop Down list Format
(B) Toilet Owner's Particulars	
1.	Name of the Applicant :
2.	Profession :
3.	Father's Name :
4.	Mother's Name :
5.	Address :
6.	Contact No. : Landline
	Mobile :
7.	Adhar Card No. :
8.	Bank A/c. Details: A/C. No. :
	Name Of Bank : In drop Down list Format
	Bank Branch : In drop Down list Format
Note.: The Funds will be transferred through Electronic Transfer	
9.	Status of the Existing Toilet : i) Not Existing <input type="checkbox"/>
	: ii) Dry Latrine <input type="checkbox"/>
	: iii) Bahao type latrine <input type="checkbox"/>
	: iv) Unsanitary latrine based on Single Pit latrine <input type="checkbox"/>
(C) Undertaking	
<p>I undertake that the Particulars given above are true to the best of my knowledhe and belief and in case of any information is found to be false/suppressed, State Government of india will initiate suitable action against me.</p> <p style="text-align: right;">Signature of Applicant</p>	
(D) Reference of Two person vauching for the Toilet Owner	
(I)	(II)
Name :	Name :
Father's Name :	Father's Name :
Contact Address :	Contact Address :
City : In drop Down list Format	City : In drop Down list Format
State : In drop Down list Format	State : In drop Down list Format
Contact No. Landline :	Contact No. Landline :
Mobile :	Mobile :
Date :	Date :
Signature	Signature

Open Defecation is the Shame on the Nation