

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	RAJASTHAN	
2.	District	SRIGANGANAGAR	
3.	Block		
4.	Tehsil	SRIKARANPUR	
5.	Town/ City	KESRISINGHPUR	
6.	Ward		
(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.	Aadhar Card No.		
8.	Bank A/c details	A/c No.	
		Name of Bank	
		Bank Branch	
9.	Status of the Existing Toilet :	i)	Not Existing
		ii)	Dry Latrine
		iii)	Bahao type Latrine
		iv)	Unsanitary latrine based on Single pit latrine
(C) Undertaking			
I Undertake that the particulars given above are true to the best of my knowledge and belief and in case of any information is found to be false/suppressed, State Government/ Government of India will initiate suitable action against me.			
			Signature of Applicant
(D) Reference of Two Persons vouching for the Toilet Owner			
Name :		Name :	
Father's Name :		Father's Name :	
Contact Address :		Contact Address :	
City : KESRISINGHPUR		City : KESRISINGHPUR	
State : RAJASTHAN		State : RAJASTHAN	
Contact No. : Landline:		Contact No. : Landline:	
Mobile :		Mobile :	
Date	Signature	Date	Signature