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:	
2	Distt:	
3	Block:	
4	Tehesil:	
5	Town/City:	
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	Adhar Card No:		
8	Bank A/c details:	A/c No	
		Name of Bank:	
		Name of Branch:	
	Note: The funds will be transferred through Electronic Transfer		
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 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 intimate suitable action against me.

Signature of Applicant

(D) Reference of Two Persons vouching for the Toilet Owner

(I)	(II)
Name:	Name:
Father's Name:	Father's Name:
Contact Address:	Contact Address:
City:	City:
State:	State:
Contact No:Landline	Contact No:Landline
Mobile:	Mobile:
Date:	Date:
Signature	Signature

Open Defication is the Shame on the Nation