



**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]

<b>(A) Geographical Particulars</b>	
1.	State: <input type="text"/> <b>In Drop Down List Format</b>
2.	Distt.: <input type="text"/> <b>In Drop Down List Format</b>
3.	Block: <input type="text"/> <b>In Drop Down List Format</b>
4.	Tehsil: <input type="text"/> <b>In Drop Down List Format</b>
5.	Town/City: <input type="text"/> <b>In Drop Down List Format</b>
6.	Ward: <input type="text"/> <b>In Drop Down List Format</b>
<b>(B) Toilet Owner's Particulars</b>	
1.	Name of the Applicant: <input type="text"/>
2.	Profession: <input type="text"/>
3.	Father's Name: <input type="text"/>
4.	Mother's Name: <input type="text"/>
5.	Address: <input type="text"/>
6.	Contact No.: Landline <input type="text"/> Mobile <input type="text"/>
7.	Aadhar Card No.: <input type="text"/>
8.	Bank A/c details: A/c No <input type="text"/> Name of Bank: <input type="text"/> <b>In Drop Down List Format</b> Bank Branch: <input type="text"/> <b>In Drop Down List Format</b> <i>Note: The funds will be transferred through Electronic Transfer</i>
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"/>
<b>(C) Undertaking</b>	
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	
<b>(D) Reference of Two Persons vouching for the Toilet Owner</b>	
(I)	(II)
Name: Father's Name: Contact Address:  City: <input type="text"/> <b>In Drop Down List Format</b> State: <input type="text"/> <b>In Drop Down List Format</b>  Contact No.: Landline: Mobile:	Name: Father's Name: Contact Address:  City: <input type="text"/> <b>In Drop Down List Format</b> State: <input type="text"/> <b>In Drop Down List Format</b>  Contact No.: Landline: Mobile:
Date: _____ Signature _____	Date: _____ Signature _____

**Open Defecation is the Shame on the Nation**