



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. Tehsil:
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. Aadhar Card No.:

8. Bank A/c details: A/c No

Name of Bank:

Bank 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 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

- | | |
|------------------------|------------------------|
| (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 |