

Swachh Bharat Mission
Format I: For data on Toilet



| (A) Geographical Particulars | |
|---|--|
| 1 | State: Odisha |
| 2 | Dist.: Mayurbhanj |
| 3 | Block: Udala |
| 4 | Tehsil: Udala |
| 5 | Town/City: Udala NAC |
| 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 the Bank: Bank Branch: Note: The funds will be transferred through Electronics 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: Father's Name: Contact Address: City: State: Contact No.: Landline: Mobile: | Name: Father's Name: Contact Address: City: State: Contact No.: Landline: Mobile: |
| Date: Signature | Date: Signature |