

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: <i>Note: The funds will be transferred through Electronic Transfer</i>
9	Status of the Existing Toilet: i) Not Existing ii) Dry Latrine <input type="checkbox"/> iii) Bahao type Latrine <input type="checkbox"/> iv) Unsanitary Latrine Based on single pit Latrine <input type="checkbox"/>
(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 the 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: Signature	Date: Signature

DRAINAGE

1. Is there a road side storm water drainage in front of the house (Please Tick)

Yes	No
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2. Is house installed with Rain Water harvesting structures? (Please Tick)

Yes	No
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3. Kindly furnish the water logging details in the locality:-

Frequency of water logging incidence(s) per month (during monsoon)	Duration of Water Logging per incidence (in hours)	Frequency of incidence(s) per month (during non-monsoon months)	Duration of Water Logging per incidence (in hours)	Grievance Redressed within(in hours)
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SOLID WASTE MANAGEMENT

Is Door to Door Collection service available (Yes/No)	If yes, frequency of collection (Per Week)	Any User Charges paid (Yes/No)	If yes amount paid per month
Frequency of garbage collection from road side bin(Per Week)	Frequency of street sweeping (Per Week)	Frequency of drain cleaning (Per Week)	SW related Grievance Redressed within (in hours)

How would rate the cleanliness and hygienic in your Neighborhood?

Excellent/ Good/ Satisfactory/ Manageable/ poor/ Unbearable

OTHER DETAILS OF BENEFICIARY

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Signature of the Surveyor

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Signature/ Thumb Impression of resident/ Owner

Open Defecation is the Shame on the Nation



Register Serial No. _____

SURVEY TEMPLATE

Name of the Surveyor _____

Date of Survey _____

❖ GENERAL

Ward No.	Plot No.	Type	Pvt.-Res / Govt.-Res / Commercial / Institution / Industrial		
Holding No.	Occupant Name	Owners Name			
	Mobile No.	Mobile No.			

❖ Type of Building

If Residential (Please Tick)											
Independent		Apartment		Used by Owner		Partially rented		Leased		Govt. Quarters	
No. of floors		Total no. of families within the property		Total no. of persons residing within the property		Is the property partially used for commercial		Yes		If yes, % of building area	
								No			

If others (Please Tick)											
Commercial		Kalyanmandap		Education Inst.		Hospital		Office		Others	
No. of floors		Total no. of units in establishment		No. of working persons		No. of toilets					

❖ Water

Source of water	PHD-Direct	Open Well	Bore-Well	Public Tap	Hand Pump	Tanker
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❖ If PHD Supply

Frequency of Supply (day/week)	Duration of Supply (Hrs / day)	Water Sufficiency		Consumer Satisfaction levels (Scoring 1 to 5)						
		Yes	No	Quality	Quantity	Duration	Pressure	Grievance Redressal	Billing	

❖ If Other Source

How is the Quality of Water	Good	Average	Bad			
Why PHD water is not preferred	No network	Irregular Supply	Low Pressure	Costly	Application Rejected	Application Pending

❖ Sanitation

Total No. of Toilets	A) Flushing Type		B) Non Flushing Type		
	Sewer Network	Septic Tank	Twin Pit	Single Pit	Drain / Open Field
Toilet Outlet Connection					
If no toilet then place of Defecation	Shared Toilet	Community Toilet	Public Toilet	Open	

Signature of the Surveyor _____

Signature / Thumb impression of the informant _____