

Serial No.

Panchayath:

IDNo in Base line:

Habitation:



SWATCH BHARATH ABHIYAAN

APPLICATION FOR SANCTION OF INDIVIDUALHOUSE HOLD SANITORY LATRINE

Name of the Beneficiary:

Father / Husband name:

Address:

Habitation:

Panchayath/Village:

Mandal:

Mobile Phone No:

Aadhar No (UID Only) :

Ration Card No(WHITE Card Only):

Bank Name:

Branch Name:

IFSC Code:

Bank Account Number:

(Joint Account will not be allowed and Account Should be in the name of the Beneficiary Only)

Affix Latest Pass
Port Size Photo
Graph of the
Beneficiary &
Attested by
Panchayat
Secretary

SITE DETAILS:

Longitude:

(To be filed by the office staff)

Latitude:

(To be filed by the office staff)

Type of the House:

Whether Using for Residential Purpose Or Not:

Survey No of the House (*if available*):

(If Survey Not Available Latest House Tax Receipt Should be Enclosed)

Plinth Area of the Land Available

for the construction of ISL:

Have you get any benefit from Govt., for Construction of ISL:

Certified that the above mentioned particulars are true as per my knowledge and I will bear the responsibility of any action/recovery related to misleading the authorities by producing false information for sanction of the above Scheme.

Date:

Station:

Signature of the Beneficiary

Enclosed:

- (1) Copy of Ration Card
- (2) Copy of Adhar Card
- (3) Copy of Bank Account Book
- (4) Copy of Latest House Tax Receipt

Certified that I have verified the above mentioned particulars/documents and inspected the site and the above information given by the beneficiary is true as per my knowledge. He/She is(Eligible/Ineligible) for sanction of ISL under Swatch Bharath Abhiyan and His/ Her name was proposed by GP Board Resolution No..... Date.....

Date:

Signature of the Panchyath Secretary:

Station:

NAME OF THE PANCHYATH SECRETARY:

Office Seal:

Certified that the above beneficiary has not taken any grant for ISL Construction under MGNREGS-NBA and His name Was Not in the Present " In progress list " of NBA-NREGS ISLs Programme

Field Assistant /APO

CERTIFICATE (By the Beneficiary)

This is to certify that I _____ W/o, D/o, S/o. _____
Village _____ Mandal _____ District _____
_____ house No. _____ Ward No. _____ has
been sanctioned Individual House Hold Toilet under Swaccha Bharath Mission (Gr) for the
year 2015-16.

1. My Aadhar Card No. _____

2. My Ration Card No. _____

The location of ISL construction is latitude _____ longitude _____ under SBM (Gr)
programme. I have no objection to pay Rs. 12,000/- to the Agency/Contractor engaged
by the Gram Panchayat level for construction of IHHL. I am giving my consent at my will.

Signature of the Beneficiary

Serial No.

Panchayath:

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Habitation:



INDIVIDUAL HOUSE HOLD SANITORY LATRINE

STAGE WISE INSPECTION REPORT - PAYMENT RECOMMENDATION FORM

Name of the Beneficiary:

Father / Husband name:

Address

Habitation:

Panchayath/Village:

Mandal:

Mobile Phone No:

Whether Using for Residential Purpose Or Not:

Aadhar No (UID Only) :

Ration Card No(WHITE Card Only):

Bank Name:

Branch Name:

IFSC Code:

Bank Account Number:

SPECIFICATIONS OF CONSTRUCTION: (PART- I)

Date of Inspection:

Construction of FIRST STAGE (**Up to Basement Level with two pits**)Completed or Not:

AFFIX THE POSTCARD SIZE/MAXI SIZE
VISIBLE AND CLEAR PHOTO GRAPH OF THE FIRST STAGE CONSTRUCTION
(Please do not allow clumsy photo graphs taken by mobile phones)
With beneficiary

I have Inspected the FIRST Stage (**Up to Basement Level with two pits**)i.e **50%** Construction of the of Individual Sanitary Latrine of Sri.....W/oS/o.....as per above particulars and certified that the construction **Up to Basement Level with two pits** i.e **50%** is done as per guidelines. I recommending the authorities to release the FIRST Stage payment

The Construction of FIRST Stage (**Up to Basement Level with two pits**) i.e **50%** of the above Individual Sanitary Latrine was done as per guidelines and technically satisfactory.

Date:

Assistant Engineer RSW & S

Station:

Swaccha Bharath Mission (Gramin)

CERTIFICATE (By Engineer) Part -I

This is to certify that Sri/Smt. _____ W/o, D/o., S/o, Village _____
mandal _____ District _____ house No. _____ Ward No.
_____ who has been sanctioned individual house hold under Swaccha Bharath Mission
(Gr) for the year 2015-16 has completed **50%(Up to Basement Level with two pits) / 100 %**
(Completion of IHHSLs in all aspects)of the toilet. Hence after physical verification, I
recommend the payment of Rs. _____ to the beneficiary. Location of construction of IHHL latitude
_____ longitude _____ .

Signature :
Name of the Adoption Officer
Designation

Longitude:

Latitude:

Or

Whether Geotagging Done or Not

If yes Details:

Certified that I have verified the above mentioned particulars/documents and inspected the site and the
above information given by the beneficiary is true as per my knowledge.

Counter Signature of AE (RWS)
After check measurement & verification

SPECIFICATIONS OF CONSTRUCTION: (PART- II)

Date of Inspection:

Construction of SECOND STAGE (**Completion of IHHSLs in all aspects i.e. 100%**) Completed or Not:

AFFIX THE POSTCARD SIZE/MAXI SIZE
VISIBLE AND CLEAR PHOTO GRAPH OF THE FIRST STAGE CONSTRUCTION
(Please do not allow clumsy photo graphs taken by mobile phones)
With beneficiary

I have Inspected the SECOND Stage (**Completion of IHHSLs in all aspects i.e. 100%**) Construction of the of Individual Sanitary Latrine of Sri.....W/oS/o.....as per above particulars and certified that the **Completion of IHHSLs in all aspects i.e. 100%** construction is done as per guidelines. I recommending the authorities to release the SECOND Stage payment

The Construction of SECOND Stage (**Completion of IHHSLs in all aspects**) o the above Individual Sanitary Latrine was done as per guidelines and technically satisfactory.

Date:

Assistant Engineer RSW & S

Station:

Swaccha Bharath Mission (Gramin)

CERTIFICATE (By Engineer) Part-II

This is to certify that Sri/Smt. _____ W/o, D/o., S/o, Village _____
mandal _____ District _____ house No. _____ Ward No.
_____ who has been sanctioned individual house hold under Swaccha Bharath Mission
(Gr) for the year 2015-16 has completed 50%(Up to Basement Level with two pits) / **100 %**
(Completion of IHHSLs in all aspects) of the toilet. Hence after physical verification, I recommend
the payment of Rs. _____ to the beneficiary. Location of construction of IHHL latitude _____
longitude _____ .

Signature :
Name of the Adoption Officer
Designation

Longitude:

Latitude:

Or

Whether Geotagging Done or Not

If yes Details:

Certified that I have verified the above mentioned particulars/documents and inspected the site and the
above information given by the beneficiary is true as per my knowledge.

Counter Signature of AE (RWS)
After check measurement & verification