

Annex - IIIA

**APPLICATION FORM FOR NIRMAL GRAM PURASKAR
(For Panchayati Raj Institutions)**

1. Name of applicant Panchayati Raj Institution (PRI)
.....

2. Category of PRI [whether Gram Panchayat (GP),
or Block Panchayat (BP), or Zilla Panchayat(ZP)]
.....

3. Population of the applicant PRI
.....

4. Complete Postal address of the PRI
.....
.....
.....

5. Household details at the time of conducting Baseline Survey -

5.1 Date/Period of Baseline Survey Conducted in GP/BP/ZP
.....

5.2 Status during the Baseline Survey -

No of Household	Population	BPL Household		APL Household	
		With Toilet	Without Toilet	With Toilet	Without Toilet

5.3 Date of achieving full Sanitation Coverage
.....

5.4 Present Status of coverage of households -

No of Household	Population	BPL Household		APL Household	
		With Toilet	Without Toilet	With Toilet	Without Toilet

5.5 Present Status of coverage of Schools -

School Category	Total Number	With both Toilets and Urinals	With only Toilets or Urinals	Whether all co-ed. Schools have separate toilets and urinals for boys and girls (Y/N)
Anganwadis				
Primary Schools				
Upper Primary Schools				
High Schools				
Higher Secondary schools				

6.0 Whether the eligibility Conditions have been met?

6.1 Whether the PRI area is free from Open Defecation, dry latrines and manual scavenging ? Yes / No

6.2 Whether all households in the PRI have access to Toilets? Yes /No

6.3 Whether all Schools and Anganwadis in the PRI have Toilets? Yes / No

6.4 Whether clean environment is maintained in the PRI area? Yes / No

CERTIFICATION

This is to certify that all schools in our PRI are having toilets and urinals facility, which are being used by children. There are separate toilet blocks for boys and girls in all CO-EDUCATIONAL schools in the PRI. All the toilets are properly maintained and students are educated about hygiene and sanitation aspects.

This is also to certify that all households in the PRI are having toilets, which are in use. This is to further certify that practice of open defecation, dry latrines and manual scavenging have been fully eliminated in our PRI area.

In view of this, we request that our PRI should be awarded Nirmal Gram Puraskar. We also undertake to utilise the award money for further improving sanitation facilities in our PRI.

Chairman, PRI
(Name and Signature)

Member Secretary, PRI
(Name and Signature)

Date:

Countersigned by*

Executive Officer, Block Panchayat
(Name and Signature with official seal)

Countersigned by**

Chief Executive Officer, Zilla Panchayat

* only if the application is for Gram Panchayat

** Only if application is for Block Panchayat

For office use

Category

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GP

BP

ZP

Population

--	--	--	--	--	--

upto
5000

5001 &
above

upto
50,000

50,001
& above

upto
10 Lakh

above
10 Lakh

CHECK LIST FOR NIRMAL GRAM PURASKAR
(For Panchayati Raj Institutions)

TO BE FILLED IN BY STATE GOVERNMENT

Name of Applicant PRI

.....

Whether GP/BP/ZP

.....

Block

.....

District

.....

State

.....

Population of the PRI.....

1. Whether all households have access to Sanitary Toilet?
Yes/No
2. Whether the GP/BP/ZP is free from open defecation, dry latrines and manual scavenging practices? Yes/No
3. Whether all schools have sanitary toilets? Yes/No
4. Whether separate Toilet Block provided for girls in all schools? Yes/No
5. Date of starting the Sanitation Programme _____
6. Date of achieving Full Coverage _____
7. Whether ZP has recommended the award? Yes/ No
8. Whether the State Government recommends the award? Yes/No

Signature

Secretary to the State Government

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SHIVAJI UNIVERSITY, KOLHAPUR.

Annex - IIIB

**APPLICATION FORM FOR NIRMAL GRAM PURASKAR
(For Individuals and Organizations)**

1. Name of applicant

.....

2. Category of Applicant
[whether Individual or organisation]

.....

3. Complete Postal address

.....

.....

.....

4. Area of work (PRI Level) of Applicant in Sanitation Program
(whether GP/BP/ZP)

.....

5.1 The role played by Applicant
(a brief description)

.....

.....

.....

.....

6. Whether applicant has worked for (more than one may be ticked)

- | | | | | |
|--|--------------------------|-----|--------------------------|-----------------------------|
| (i) Program Manager | <input type="checkbox"/> | Yes | <input type="checkbox"/> | NO |
| (ii) IEC | <input type="checkbox"/> | Yes | <input type="checkbox"/> | NO |
| (iii) RSM/PC | <input type="checkbox"/> | Yes | <input type="checkbox"/> | NO |
| (iv) Training | | Yes | <input type="checkbox"/> | NO <input type="checkbox"/> |
| (v) School sanitation &
Hygiene education | <input type="checkbox"/> | Yes | <input type="checkbox"/> | NO |
| (vi) As Motivator | <input type="checkbox"/> | Yes | <input type="checkbox"/> | NO |

7. What are the quantifiable results of the efforts of the applicant?
(Please mention briefly)

.....
.....
.....
.....
.....

CERTIFICATION

This is to certify that all the information furnished by me is true and I have not presented any wrong or distorted information. If at any point of time the information furnished by me is found to be wrong, I will forfeit my claim for Nirmal Gram Puraskar

I request the Government of India to consider me for award of NGP

Yours faithfully,

Signature of applicant

Name:
Designation:
Date:

Recommended by Chairman, Gram Panchayat
(Name and Signature)

Date:

Countersigned by*

Recommended/Countersigned by Executive Officer, Block Panchayat
(Name and Signature with official seal)

Countersigned by**

Recommended/Countersigned by Chief Executive Officer, Zilla Panchayat

* only in case applicant is from GP Level

** Only in case applicant is from GP or Block Level

For office use

Category

--	--	--

GP

BP

ZP

Population

--	--	--	--	--	--

upto
5000

5001 &
above

upto
50,000

50,001
& above

upto
10 Lakh

above
10 Lakh

CHECK LIST FOR NIRMAL GRAM PURASKAR
(For Individual & Organisations)

TO BE FILLED IN BY STATE GOVERNMENT

1. Name of Applicant PRI
.....
(Whether Individual/Organisations)
2. Name of Applicant
.....
3. Address of Applicant
4. PRI Level where Applicant has worked
(GP/BP/ZP)
.....
5. Name of PRI
.....
Block
.....
District
.....
State
.....
Population of the PRI
.....
6. Whether the PRI mentioned above is eligible for NAGP? Yes No
7. Whether State Government has recommended for PRI mentioned above? Yes No
8. In What Capacity the applicant has worked toward full sanitation coverage of his GP/BP Yes No
(i) Program Manager Yes NO

- (ii) IEC Yes NO
- (iii) RSM/PC Yes NO
- (iv) Training Yes NO
- (v) School sanitation & Hygiene education Yes NO
- (vi) As Motivator Yes NO

9. What are the quantifiable achievements of the applicant? (If required addition sheet may be used)

- a.
.....
- b.
.....
- c.
.....
- d.
.....

10.10. Whether the State Government recommends the NGP for the applicant?

Yes No

Signature with Office Seal of the State Secretary