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

1.		• •	licant Pan	chayati I	Raj Instituti	on (PRI)		
2. 	or	y of PRI [who		n chayat (GP) BP), or), Zilla	Panchayat(ZP)]		
3. 		Po	•	of the	e applica	int PRI		
4.	4. Complete Postal address of the PRI							
••••	•••••••	•••••	••••••••	••••••				
5.	Househol	d details at th	ne time of cond	ucting Baseli	ine Survey -			
5.1	Date/I	Period of	Baseline	Survey Co	onducted in	GP/BP/ZP		
5.2	Status	s during the B	aseline Survey	<i>!</i> -				
—	No of ousehold	Population	BPL H	ousehold	APL Ho	ousehold		
			With Toilet	Without Toilet	With Toilet	Without Toilet		
5.3	B Date	of	achieving	full	Sanitation	Coverage		
5.4 Present Status of coverage of households -								
No of Popula		Population	BPL Household		APL Household			
			With Toilet	Without Toilet	With Toilet	Without Toilet		
		1	1	ì	I	1 1		

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 Whather	all households is	the PRI have access to Toilets	? Yes /No
o.z vvnemer:	ali nousenoios i	i the PRI have access to Tollets	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*

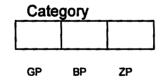
Executive Officer, Block Panchayat (Name and Signature with official seal)

Countersigned by**

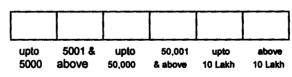
Chief Executive Officer, Zilla Panchayat

* only if the application is for Gram Panchayat

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Population



^{**} Only if application is for Block Panchayat

CHECK LIST FOR NIRMAL GRAM PURASKAR

(For Panchayati Raj Institutions)

TO BE FILLED IN BY STATE GOVERNMENT

	me of Applicant PRI
Wh	ether GP/BP/ZP
Blo	
Dis	trict
Sta	
	oulation 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
Sig	nature
	Secretary to the State Government

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

1.	Name of applicant	••			
2.	Category of Applicant [whether Individual or organi	sation]			
3. •••	Complete Postal address		••		
•••		•••••	••••••	•••••••	
4.	Area of work (PRI Level) of Ap (whether GP/BP/ZP)	plicant	in Sanitation	n Program	
		• • • • • • • • • • • • • • • • • • • •	••		
5. ·	The role played by Applicant (a brief description)				
			•		
•••	••••••		•••••	**************	•••••
• • • •					
6.	Whether applicant has worked	l for (m	ore than one	e may be t	icked)
	(i) Program Manager	Yes		NO	
	(ii) IEC	Yes		NO	
	(iii) RSM/PC	Yes		NO	
	(iv) Training	Yes		ио _	
	(v) School sanitation { Hygiene education	Yes		NO	
	(vi) As Motivator	Yes		NO	

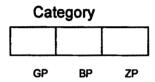
7.	What are the quantifiable results of the (Please mention briefly)	
	••••••	
	CERTIFICATION	
inform	This is to certify that all the information furneresented any wrong or distorted information mation furnished by me is found to be wrong, in Puraskar	n. If at any point of time the
	I request the Government of India to conside	er me for award of NGP
		Yours faithfully,
		Signature of applicant
		Name: Designation: Date:
	mmended by Chairman, Gram Panchayat ne and Signature)	
Date:	:	
Coun	ntersigned by*	
	ommended/Countersigned by Executive Office and Signature with official seal)	ficer, Block Panchayat

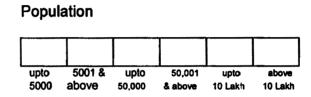
•

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
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CHECK LIST FOR NIRMAL GRAM PURASKAR

(For Individual & Organisations)

TO BE FILLED IN BY STATE GOVERNMENT

1.	Name	of	Applicant	PRI					
	(Whether Indiv	idual/Organisations)	••••					
2.	Name of Applic								
3.	Address of App								
4.	. PRI Level where Applicant has worked (GP/BP/ZP)								
5.	Name of PRI								
•	Block			•••					
	District			•••					
	State								
	Population of t	he PRI							
			eligible fo? Y	□ No					
7.	Whether State Go above?	vernment has recor No	mmended for PRI mentio	ned					
8 .		the applicant has v	vorked toward full sanitat	ion coverage of					
•	(i) Program Mana	gen Yes	NO NO						

(ii)	IEC		Yes		NO
(iii)	RSM/PC		Yes		NO
(iv)	Training		Yes		NO
(v)	School sanitation Hygiene education	1	Yes		NO
(vi)	As Motivator		Yes		NO
	nat are the quanti eet may be used)	fiable ach	ievemen	its of the ap	plicant? (If required addition
a.	•	***************************************	•••••	***************************************	
b.		•••••	••••••		
c.		***************************************	************		
d.		••••••	***********		
	. Whether the Strees No	ate Gover	nment re	ecommends	the NGP for the applicant?

Signature with Office Seal of the State Secretary