Survey of Households regarding Latrine Facility in Statutory Towns

FORM A

District		ULB Name		Ward No.	

Sl. No.	Name of the Head of the Family	Father/ Husband's Name	Full Address (with locality/slum name)	Resident is (Please ✓)			Type of Sanitary Latrine (Please ✓ on the appropriate Box)			Presence of Insanitary Latrine (Please ✓) then FILL UP FORM B	No Latrine facility within the premises (Please ✓) then FILL UP FORM C	Signature/ Thumb Impression of the Head of the Family
1	2	3	4	5a	5b	5c	6a	6b	6c	7	8	9
				Owner	Tenant	Occupier	Connected to Sewer Line	Septic Tank	Two Pit Pour Flash Latrine			
				Owner	Tenant	Occupier	Connected to Sewer Line	Septic Tank	Two Pit Pour Flash Latrine			
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(In nos.)

Count of No. of Households		Name of the Enumerator		Name of the Superviser	
Count of No. of Households having Insaniatry Latrine		Date of Survey		Date of Verification	
Count of No. of Households having no Latrine facility		Signature		Signature	