

**Self Declaration Form**

**Identification of the persons engaged in manual scavenging**

(Office Use)

- **Name of the State:**
- **District:**
- **Municipality:** \_\_\_\_\_  **Town** \_\_\_\_\_  **Ward :** \_\_\_\_\_
- **Panchayat** \_\_\_\_\_ **Village** \_\_\_\_\_

Photo of the person  
engaged in manual  
scavenging

Family Photo of the person engaged in manual scavenging  
(Picture post card size photograph 6"x4")

1. **Name of the person engaged in manual scavenging:** \_\_\_\_\_
2. **Name of Father / Mother / Spouse:** \_\_\_\_\_
3. **Date of Birth** \_\_\_\_\_ **Age:** \_\_\_\_\_
4. **Sex :** Male  Female
5. **Aadhaar Number of the person engaged in manual scavenging**  
\_\_\_\_\_

**6. Bank details**

Name of Bank \_\_\_\_\_  
Branch \_\_\_\_\_  
IFSC Code \_\_\_\_\_  
Account No. \_\_\_\_\_

7. Details of Self and dependent family members:-

Household Profile										
(Please give the names of the family members who live in your household starting with the manual scavenger)										
Sl. No.	Name	Gender (M/F)	Age	Marital Status	Relationship with Identified Manual Scavenger	Educational /Skill Qualification	Current Occupation	Monthly Income (Amt. in Rs.)	Requirement if any, for Education, Skill Training, Loan for Project	Remarks
1										
2										
3										
4										
5										
6										
7										

**Marital Status:** 1. Married 2. Unmarried 3. Divorced/Widow

**Relationship:** 1. Father 2. Mother 3. Brother 4. Sister 5. Grandfather 6. Grandmother 7. Father in Law 8. Mother in Law 9. Self 10. Son 11. Daughter 12. Others (Specify) \_\_\_\_\_

**Education:** 1. Illiterate 2. Primary 3. Middle 4. Secondary 5. Graduate and above 6. Skilled

**Occupation:** 1. Agricultural Labour 2. Housewife 3. Student 4. Farmer 5. Wage Labourer 6. Self employed 7. Permanent Sanitary worker in Government 8. Contractual/Casual Sanitation Worker 9. Other Service/Job 10. Others (specify).....

8. Educational Status of the person **engaged in manual scavenging** : (Put a  $\sqrt$  mark in the appropriate box)

(i) a ) Literate  b) Not literate

(ii) If literate, level of education:-

a) Studied: Class 1-5:  Class 6-10:  Class 11-12 :  Class above 12:

9. Occupation :

ii) Carrying/disposing/cleaning of human excreta manually from insanitary latrine

ii) Cleaning untreated human excreta manually from: (a) open drain

(b) Railway Track  (c) Pit Latrine

10. Status of Employment:-

I. Employed in:

(a) Private:-

(i) Individual Household  (ii) Community/ Group of Households

(iii) Contractor  (iv) Institution like hospital, office etc.

(v) Others (specify) \_\_\_\_\_

(b) Central Government  (c) State Government

(d) Municipal Corporation or Municipality or Panchayat

II. Employed on:

(a) Permanent basis  (b) Temporary basis

(c) Contract basis  (d) Jajmani

11. How long you have been in this Occupation: \_\_\_\_\_

12. Social Background:

(a) Whether SC/ST/OBCs/Others

(b) Caste

(c) Sub Caste

(d) Religion

13. (a) Have you received any benefit from the Government rehabilitation schemes?

(Put a  $\sqrt$  mark in the appropriate box)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

b) If yes, name of the scheme (Put a  $\checkmark$  mark in the appropriate box):

	Name of the Schemes	Rupees
(1)	National Scheme for liberation and rehabilitation of scavengers (NSLRS)	
(2)	Self Employment Scheme for rehabilitation for manual scavengers (SRMS)	
(3)	Any other (Please specify the name of Scheme(s))	
(4)		

c) If yes, whether project funded through above scheme is running:

Yes	No	If yes, monthly income (Rs.)

d) Not known

14. (a) Are you engaged in any occupation other than scavenging? :  Yes No

(b) If yes, specify: \_\_\_\_\_

15. Any other skills you possess:

- i) Construction       ii) Carpentry   
 iii) Driving       iv) Cooking   
 v) Tailoring       vi) Any other (specify) \_\_\_\_\_

16. Alternative Occupation Proposed (Please specify): \_\_\_\_\_

Name and Address of the person engaged in manual scavenging: -----  
 -----Pin code-----

Contact Telephone/Mobile No. -----

Signature / Thumb Impression of the person engaged in manual scavenging

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Name and date: -----

Signature of Enumerator, -----

Name and date: (with code No.):-----

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Signature of Data Entry Operator, -----

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Name and date (with code No.): -----

Signature of Supervisor, -----

Name and date (with code No.): -----

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### Details of Insanitary Latrine

#### 1. Details of Individual Insanitary Latrine (IIL):

Sl. No	Name of the owner of Insanitary Latrine	Location of the		Monthly Salary/ wages of the Manual Scavenger (Rs.)	
		dry latrine	latrine from which excreta is being flushed into open drain	In cash	In food grains etc.

Total Number of the Individual Insanitary Latrines being cleaned by the person engaged in manual scavenging:

(Note: Please give detailed description of the individual Insanitary Latrine Cleaned by the person engaged in manual scavenging. In case you need to write extra information kindly photocopy this page and attach with the survey form)

#### 2. Details of Community Insanitary Latrine (CIL):

Sl. No	Name of the owner (Organisation/ Agency) of Community Insanitary Latrine	Location of the		Monthly Salary/ wages of the Manual Scavenger (Rs.)	
		dry latrine	latrine from which excreta is being flushed into open drain	In cash	In food grains etc.

#### 3. Detail of Open Drains (OD)/Railway Tracks/other spaces:

S.No	Location of Open Drains/Railway tracks/other spaces in which excreta from the insanitary latrines is being flushed	Salary/wages of the manual scavengers	
		In cash (Rs.)	In kind (Rs.)

(Note: If the number of involved manual scavengers in OD is more than one then please fill up a separate form for each of the person engaged in manual scavenging)