



**TUBE WELL /  MOTOR TANK /  WOZUKHANA APPLICATION FORM**

Serial No.:.....

Date: ----/----/-----

<p><b>1. Name of the Project :( Please Tick "✓" any one).</b></p> <p><input type="checkbox"/> Tube Well (40'-100')</p> <p><input type="checkbox"/> Tube Well (40'-100') with Motor &amp; Water Tank</p> <p><input type="checkbox"/> Deep Tube Well(100'-250')</p> <p><input type="checkbox"/> Deep Tube Well (100'-250')with Motor &amp; Water Tank</p> <p><input type="checkbox"/> Arsenic Removal Plant</p> <p><input type="checkbox"/> Wozukhana</p>	<p><b>2. Required For :( Please Tick "✓" any one).</b></p> <p><input type="checkbox"/> Personal <span style="float: right;"><input type="checkbox"/> Others</span></p> <p><input type="checkbox"/> Locality</p> <p><input type="checkbox"/> Religious Place</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> For Irrigation</p>
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**For Personal :**

<b>Applicant Name</b>			
<b>Metro/Sub-Metro/Municipality/Rural Municipality</b>		<b>Ward No</b>	
<b>Tole/Village</b>	<b>District</b>	<b>Province</b>	
<b>Telephone No.</b>		<b>Mobile No.</b>	
<b>E-mail ID</b>			
<b>Number of Beneficiaries</b>		<b>GPS Details</b>	

**For Community/Institution/Other Purpose :**

<b>Institution Name</b>			
<b>Metro/Sub-Metro/Municipality/Rural Municipality</b>		<b>Ward No</b>	
<b>Tole/ Village</b>	<b>District</b>	<b>Province</b>	
<b>Contact person</b>	<b>Institution Type</b>	<input type="checkbox"/> .Government	<input type="checkbox"/> .Community <input type="checkbox"/> . Private
<b>Contact No</b>	<b>No.of Beneficiary</b>		

Attachment with this Application	Signature of Applicant	Stamp of Institution
<ul style="list-style-type: none"> <li>▪ National ID card of the applicant.</li> <li>▪ Recommendation by Local Govt. Authority.</li> <li>▪ Recommendation by Local Community.</li> <li>▪ All papers should be in A4 size.</li> </ul>		

**Recommendation By:**

<b>Local Community Signature/ Implimenter</b>	<b>Signature of Local Govt.Authority</b>

**For Office Use Only**

<b>Implementer:</b>	<b>DT. NO:</b>	<b>Code :</b>	
<b>Remarks:</b>			
<hr style="width: 80%; margin: 0 auto;"/> <p><b>Authorized Signature</b></p>	<hr style="width: 80%; margin: 0 auto;"/> <p><b>Approved By</b></p>		

नोट :- यस संस्था द्वारा प्रदान गरिने कुनै पनि सेवा/ कार्यको लागि कुनै किसिमको शुल्क लाग्दैन । यदि कसैले यस संस्था द्वारा प्रदान गरिने कुनैपनि सेवा/ कार्यका लागि कुनै व्यक्तिसंग कुनै पनि किसिमको शुल्क माग गर्दछ, भने त्यस्ता व्यक्तिलाई कुनै पनि किसिमको शुल्क नदिन आग्रह गर्दछौ । साथै त्यस्ता व्यक्तिहरुको जानकारी हामीलाई तुरुन्तैगराउन पनि आग्रह गर्दछौ ।