



# Bhubaneswar Municipal Corporation

## Form for Registration of Resident Welfare Association



Form No :BMC/\_\_\_\_\_

### 1) For Office Use

A) BMC Registration Number : \_\_\_\_\_

B) Date of Registration at BMC (Validy for one year) : \_\_\_\_\_

### 2) To be Filled by Resident Welafre Association (RWA)

A) Name of the RWA : \_\_\_\_\_

B) Location/area covered under RWA (Please write down all the area covered) :

C) Ward No. \_\_\_\_\_ D) Date of formation (attach relevant documents) : \_\_\_\_\_

E) Whether RWA registered under any act (Please tick mark in appropriate Box) : Yes  No.

F) If yes please mention Registration Number : \_\_\_\_\_

G) And Registered under which act : \_\_\_\_\_

H) Date of Registration : \_\_\_\_\_ I) Issuing Authority : \_\_\_\_\_

J) Please mention office address if any : \_\_\_\_\_

K) Office Contact No if any: \_\_\_\_\_ L) Email : \_\_\_\_\_

M) Total Members in the RWA : \_\_\_\_\_

N) Total Number of Households covered under this RWA : \_\_\_\_\_

O) Name and address of the President : \_\_\_\_\_

P) Contact No. : \_\_\_\_\_ Q) Age : \_\_\_\_\_ R) Email : \_\_\_\_\_

S) Name and Address of the Secretary : \_\_\_\_\_

T) Contact No. : \_\_\_\_\_ U) Age : \_\_\_\_\_ V) Email : \_\_\_\_\_

W) If any Welfare/Development/Sanitation activities RWA involved please mention (Please submit Photocopy of Documents : \_\_\_\_\_)

X) Whether regular meeting conducted (Please tick mark in appropriate box)

Monthly

Quarterly

Half Yearly

Yearly

Y) If yes please attach resolution copy of last three meetings (Please mention if you have attached)

Z) Self assessment of RWAs on Swachh RWA Ranking format attached: Yes

Signature of Secretary with date

Signature of President with date

**NB:**

- 1) All information/documents requested in the form are mandatory. Incomplete forms shall be rejected.
- 2) All RWAs are to actively participate for ensuring 100% sanitation only.