

SURVEY FORM

- Name of the Society/School/Institute: JAMIA HAMDARD
- Address of the Society/School/Institute:
HAMDARD NAGAR NEW DELHI -62
- Project Location Type:
 Society School Institute College
- Region/Zone:
 Delhi Noida Ghaziabad Gurugram Faridabad Greater Noida
- Contact Detail:
 - Name: Mr. Azhar Ali Khan
 - Contact Number: 98111 93197
 - E-Mail ID: aakhan@jamia hamdard.ac.in

WILL BE FILLED BY IPCA ONLY

On the basis of area	Reference Value	Remark
Is it a gated community/school/institute?		
Number of flats in the society/School/Institute		
Number of Towers		
Number of occupied households/Total Staff & Students		
Availability of space for putting composters	4*4 (each Composter)	
Adequate space for the operation and maintenance of Composters	9*4 (Tirpaal)	
Adequate space for harvesting and drying of manure	9*4 (Tirpaal)	
Adequate space for creating vegetable garden? (Optional)	12*10	
Type of garden/green area already available in the society/School/Institute?		

On the basis Society Authority	Yes	No	Remark
Presence of RWA/AOA/CRM/Eco Club and any other?	✓		
Facility of Door to door waste collection	✓		
On-Site Composting Facility			
On the basis of project need			
Agree to Form a Waste Management Committee	✓		
Ready to do source segregation – two/three bin segregation	✓		
Agreed to self-sustain the project after one year	✓		
Agreed to monitor the project on time to time basis	✓		
Agree to conduct project Activities in society's/School's/Institute's premises Such as: Workshops for maids, servants, residents, WMC members, Supervisors, Waste collectors, Street Play, Workshop with Students and Staff etc	✓		
Agree to allocate an Aerobin operator and a gardener for the project	✓		
Permission to hang banners/boards/hoardings inside the premises	✓		
On the basis of Document submission			
Can submit duly signed scanned copy of consent letter	✓		
Can Submit duly signed scanned copy of exit letter after project duration (1 yr)	✓		
Can submit list of dedicated people under Waste Management Committee	✓		
Can submit Action Plan after handing over of the project	✓		
Can submit details of Composter Operator (Name, ID proof, acc Details)			
Pictures of Society (Take pictures for the following)			
Picture of the space where Composters can be installed			
Picture of the garden			
Picture of the area where harvesting & sieving can be done			

14/6.22

 Signature

 (Supervisor)

 ✓

For Official Use only

Remark by the Project Coordinator:

Expected no. of composter that can be installed: _____

Status of the society/school/college/institute:

Selected Rejected

Signature
(Project Coordinator)

Signature
(Team Leader)

Note: This document will not be shared with any stakeholder/beneficiary