

DECLARATION FORM

For registration of IHHL-LOB under SBM(G)

Hming: _____

Pa Hming: _____

Aadhar/Voter ID No: _____

Phone: _____

Veng/Khua: _____

Êk-in neih loh chhan: _____

Signature of Chairman,
WATSAN Committee
Khua: _____

Signature of
Applicant