



**OULGARET MUNICIPALITY
PUDUCHERRY -5**

**APPLICATION FOR HOME COMPOST COMPETITION
(RESIDENT WELFARE ASSOCIATION)
(Only for RWAs in Oulgaret Municipality limit)**

LAST DATE FOR SUBMISSION: 20.12.2019

1. NAME OF THE ASSOCIATION :
2. ADDRESS :
3. WARD No. & NAME :
4. CONTACT NUMBER :
5. REGISTRATION NUMBER :
6. No. OF HOUSES IN YOUR RWA :
7. DID YOU ENCOURAGE YOUR MEMBERS TO SEGREGATE THE WET AND DRY WASTE GENERATED IN THEIR HOMES FOR HOME COMPOSTING? :
8. HOW MANY RESIDENTS IN YOUR COLONY ARE PRACTICING HOME COMPOSTING?
(Name & Address to be enclosed- Minimum 50 Nos. are required) :
9. IF YES, WHAT ARE THE TECHNIQUES/ TOOLS & PLANTS ADOPTED FOR HOME COMPOSTING?
(Eg. Khamba, Meshed plastic container, Static/Rotary barrel. pit method etc.) :
10. WHETHER THEY ARE HANDING OVER ONLY THE DRY/HAZARDOUS WASTE TO MUNICIPALITY? :

11. MONTHLY QUANTITY OF MANURE
GENERATED IN YOUR COLONY :
12. METHOD OF USAGE OF MANURE :
13. ARE THEY USING THE MANURE
FOR GARDEN/ TERRACE GARDEN? :
14. EXTENT OF GARDEN AND
No.OF PLANTS IN THEIR HOMES :
15. ARE THEY SELLING THE
EXCESS MANURE?
IF SO, HOW MUCH? :
16. FOR HOW MANY YEARS THEY ARE
PRACTICING HOME COMPOSTING? :
17. No.OF PHOTOGRAPHS ENCLOSED
RELATED TO YOUR HOME
COMPOSTING
(Minimum one no. required for each house):
18. WHETHER ALL THE HOUSES HAVE PAID
THE PROPERTY TAX/ USER CHARGES
TO THIS MUNICIPALITY.
(Copies to be enclosed).
19. ANY OTHER COMMENTS/
SUGGESSTIONS :

CERTIFICATE

I certify that the information furnished above are true to the best of my knowledge and belief. In the event of any information is found to be suppressed, false or incorrect or any ineligibility detected during scrutiny, our application is liable to be rejected at any time.

Place:

Date:

RESIDENT WELFARE ASSOCIATION

(Authorised Signature with seal)