

**D. MURALIDHAR REDDY, IAS**  
Managing Director

Telefax: 040 2334 9998  
e-mail : mdswachhandhra@gmail.com  
URL : www.sac.ap.gov.in



ఒక లక్షకు మించుకు స్వచ్ఛత ప్రాప్తి

**SWACHHA ANDHRA CORPORATION**

MA & UD Department,  
Government of Andhra Pradesh

#501, NCL Kaveri-I Apartments, Shanthi Nagar,  
Masab Tank, Hyderabad – 500028.

**Lr.No. 6 /SAC/ODF-Ward-City/2016 Dt. 10-09-2016**

To  
All the Municipal Commissioners,  
Andhra Pradesh.

Sub: SBM - Swachha Andhra Corporation – MA&UD – Declaration of ODF  
by ULBs – Third Party Inspection by Quality Council of India for the  
MoUD –Documents to be ready for verification-Reg.

Ref: E-Mail from Bhuvnesh Rawat, Associate, Quality Council of India,  
Chairman's Office, Dt.08-09-2016.

In the reference read above it is informed that Quality Council of  
India has been commissioned by the Government of India to conduct the Third  
Party Inspection(TPI) for Swachh Bharat Mission-Open Defecation Free(SBM-ODF).

As per the Mandate, the ULBs declared ODF at the state level have to  
be assessed by Quality Council of India in order for the Ministry of Urban  
Development(MoUD) to be able to declare them as ODF at the central level. In this  
regard it is requested that the details of the ULBs that have been declared ODF by  
ULBs/State Government be forwarded to QCI for MoUD for the third party  
inspection.

The verification process will be conducted in two parts.

- i. Service Level Status.
- ii. Independent Observations.

To facilitate the same QCI need some documents, details of which are  
mentioned in the above reference (enclosed) and requested that it is mandatory for  
the ULBs to have all the documents ready in the specified format , failing which  
MoUD will not be able to declare the ULB as ODF.

Hence all the Municipal Commissioners are requested to be ready with  
all the documents in the specified format mentioned in the above reference  
(enclosed) for third party verification by QCI to declare the ULBs ODF by MoUD.

Encl : As above

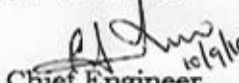
Yours faithfully  
**Sd/- D. Muralidhar Reddy**  
Managing Director  
Swachha Andhra Corporation

Copy submitted to the Principal Secretary, Municipal Administration and Urban  
Development for favour if information.

Copy submitted to the Director of Municipal Administration for favour if  
information.

Copy to all the RDMA's for favour of information and n/a.

//T.C.F.B.O//

  
10/9/16  
Chief Engineer  
Swachha Andhra Corporation

**From:** Bhuvnesh Rawat <[bhuvnesh@gcin.org](mailto:bhuvnesh@gcin.org)>  
**Subject:** Swachh Bharat Mission-Open Defecation Free  
**Date:** 8 September 2016 at 6:28:39 PM IST  
**To:** Managing Director SAC <[mdswachhandhra@gmail.com](mailto:mdswachhandhra@gmail.com)>  
**Cc:** Anay <[anay@gcin.org](mailto:anay@gcin.org)>, Asmita Gupta <[asmita@gcin.org](mailto:asmita@gcin.org)>, Rahul P Singh <[rahulpsingh@gcin.org](mailto:rahulpsingh@gcin.org)>

Dear Sir/Ma'am

Quality Council of India has been commissioned by the Government of India to conduct the Third Party Inspection (TPI) for Swachh Bharat Mission-Open Defecation Free (SBM-ODF). The mandate for this project is to inspect 4,041 towns and cities of India and assess if the city/town can be declared as ODF.

As per the mandate, the ULBs declared ODF at the state level have to be assessed by Quality Council of India in order for the Ministry of Urban Development(MoUD) to be able to declare them as ODF at the central level. In this regard, it is requested that the details of the ULBs that have been declared ODF by ULBs/State Government be forwarded to QCI or MoUD for the third party inspection.

The verification process will be conducted in two parts –

**i. Service Level Status**

**ii. Independent Observations**

To facilitate the same we need some documents, details of which are mentioned below.

**Portal Documents Update-** The ULBs are required to update their documentation on the below mentioned portal –

<http://52.66.155.133/qci/apps/index/login>

To familiarize themselves with the portal, the ULBs can use the following credentials:

**Login ID : Test@246**

**Password : Test@246**

**Each ULB will be assigned a unique profile, credentials of which will be shared with each ULB individually.**

**a. Service Level Status -**

i. Preliminary data will be collected in advance by a process of self-assessment from municipals as per the defined protocol. Please find attached the relevant documents' formats for the mandatory declarations to be made by the ULBs.

ii. QCI Assessors will visit ULBs to review the documentation and collect the data systematically ensuring that the process is independent and unbiased.

**b. Independent Observations –**

i. The collection of data will be based on physical observation by QCI assessors.

ii. The questionnaire to facilitate data collection is created by Ministry of Urban Development.

iii. The survey assessors will use IT enabled devices to record their observations and findings along with photographs.

iv. All locations will be finalized based on QCI's discretion post discussion with the ULBs for each of their respective cities.

**Attached with the mail is –**

- **Declaration format**

As per the strict guidelines from MoUD, it is mandatory for the ULBs to have all the documents ready in the specified format, failing which MoUD will not be able to declare the ULB as ODF.

Thanks and Regards

Bhuvnesh Rawat  
Associate | Quality Council of India, Chairman's Office  
+91-7286823247

## ODF Declaration Formats

### 1. Format for declaration to be submitted by City / town

I, ..... Mayor / Chairperson of ..... (name of Municipal corporation / municipality / town panchayat) do hereby declare that:

- a) All Chairpersons of ward committees in the city / town have submitted their self-declarations regarding ODF status
- b) Preliminary resolution has been passed declaring the city / town as open defecation free;
- c) Above resolution has been publicly announced, inviting public feedback / objection within 15 days of announcement.
- d) The city has a mechanism in place to impose fines on open defecators
- e) Since no objections have been received within the stipulated time period / since objections and feedback received from the public have been addressed, a final resolution has been adopted by this office regarding ODF status
- f) This final resolution has been communicated to the state government for further verification.
- g) Third party verification process of ODF status has been completed.



Accordingly, ..... (name of city/ town) is hereby declared Open Defecation Free.

MoUD is now requested to carry out the "Swachh Certification" process for ..... (name of city/town).

.....  
(Signature, and Name of Mayor / Chairperson)

Date:

Seal

**2. Format for declaration to be submitted by Ward Councilor**

I, Ward councilor of .....(ward details), under ..... (name of Municipal corporation / municipality / town panchayat) do hereby declare that:

- At any point in a day, nobody in the ward is found defecating in the open
- All households in the ward that have space to construct toilets, have constructed one
- All occupants of households in the ward that do not have space to construct toilets, have access to a community toilet within a distance of 500 meters
- All commercial areas in the ward have public toilets within a distance of 1 KM
- All primary and secondary schools in the ward have submitted self-declarations to me that all their enrolled students have access to, and are routinely using toilets at home and at school
- All self-help groups in the ward have submitted self-declarations to me that all residents of the ward have access to, and are routinely using, toilets at home.



I further declare that I have formally submitted this declaration to the ..... (name of Municipal corporation / municipality / town panchayat) for further necessary action.

.....  
(Signature, and Name of Ward Councilor)

Date:

Seal:



**3. Format for declaration to be submitted by schools**

I do hereby declare that:

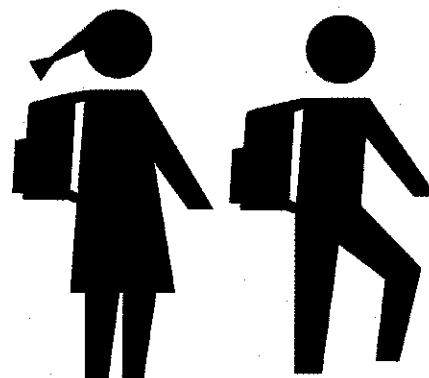
- .....school (name of school), in ward no....., under ..... (name of Municipal Corporation / municipality), has ..... numbers of students, and ..... numbers of staff (including teachers).
- The school has sufficient numbers of functional toilets for all students and staff. None of the students or staff go out for defecation or urination while in school.
- Every student in the school, along with their family members, uses a toilet at home / uses a community toilet situated near the neighborhood, for defecation.
- The self-declaration from each of the students and staff are attached herewith (refer Annexures 1 and 2)

.....  
(Signature and Name of Principal / Headmaster / Headmistress of School)

Date:

**Annexure - 1**  
**Format for self-declaration by school students**  
**(to be attached with the school declaration)**

I, ..... (name of student) do hereby declare that neither I nor any of my family members go out for defecation. I declare that my family members and I use a toilet at home / use a community toilet in the neighborhood, for defecation.

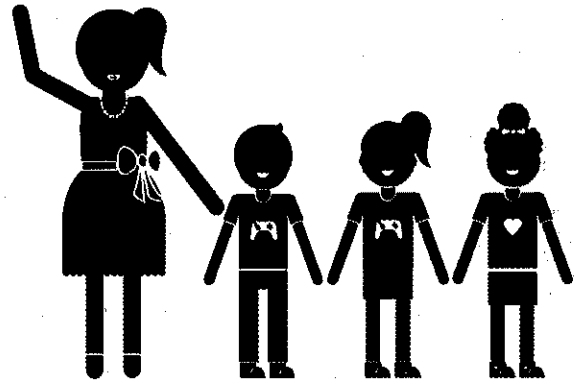


.....  
(Signature and Name of student) / (Signature and name of guardian for students of class nursery – class 4)

Date:

**Annexure - 2**  
**Format for self-declaration by school staff and teachers**  
**(to be attached with the school declaration)**

I, ..... (name of staff or teacher) do hereby declare that neither I nor any of my family members go out for defecation. I declare that my family members and I use a toilet at home / use a community toilet in the neighborhood, for defecation.



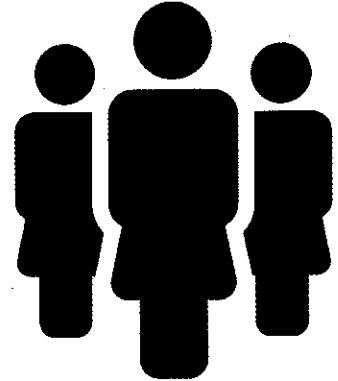
.....  
(Signature and Name of staff)

Date:



**4. Format for self-declaration to be submitted by Self-Help Groups**

This is to declare that every member of the Self-Help Group ..... (Name of Self-help group) in Ward number..... of ..... (name of municipal corporation, comprising ..... members (number of members), whose names are attached as annexure, along with their family members, uses a toilet at home / uses a community toilet situated near the neighborhood, for defecation and urination.



.....

(Signature OR thumb impression, and Name, of President of the Self-Help Group)

Date:

(Attach list of names of SHG members)