

Vehicles at Home
 Two Wheeler Three Wheeler Four Wheeler Other
Distance to Other Facilities:

Distance to Masjid (in Km)	<input type="text"/>	Distance to Madrasa (in Km):	<input type="text"/>
Distance to College (in Km)	<input type="text"/>	Distance to Health Centre (in Km)	<input type="text"/>
Distance to Bank (in Km):	<input type="text"/>	Distance to Police Station (in Km):	<input type="text"/>
Distance to Primary school (in Km):	<input type="text"/>	Distance to Hospital (in Km):	<input type="text"/>

Declaration:

I hereby declare that the information provided by me on this form is on volunteer basis without any compulsions for the purpose of community welfare. I authorize my Masjid/Mohalla and AIMDC to send important notifications from time to time.

Name: _____ Signature: _____

Place: _____ Date: _____

Suggestions/Comments (if any):**For Office Use Only:**

Masjid Name & Address: _____

Data Collector Name: _____ Date of Data collected: _____

Data Collector Signature: _____ Data Entered in Computer Date: _____

Data Entered in Computer by: _____ Entered Data Verified by: _____

Comments (any): _____ House Grade: _____

MASJID ONE MOVEMENT BY AIMDC HOUSE ASSESSMENT FORM

S.NO.:

House Basic Details

Head of The Family Name: _____

Father/Husband's Name: _____

E-mail: _____ Mobile No: _____

Masjid House Number: _____ Telephone No: _____

Present Address

Door Number: _____ Ward Number: _____

Pin code: _____ Place/Post Office: _____

Address: _____

Permanent Address:
 Same as Above

Door Number: _____ Ward Number: _____

Pin code: _____ Place/Post Office: _____

Address: _____

Fundamental Details at Home:

Mother Tongue:

House type Own Rented Lease Free **House Builtin Area (In Sqft)**

House Status Kutcha House Pucca House RCC Bldg Bungalow/Villa Apartment

Slum Yes No

Street Light Yes No

Family type Nuclear Joint

Ration Card Type APL BPL No Other

Road Type Tar Road Mud Road Concrete Road Foot way

Water Facility Own Well Public Well Public Tap Water Borewell

Government Connection Other

Toilet Facility Private Public Neighbour Other

Electricity Yes No

Zakhath Payers Receivers Not Applicable

Support Required Yes No

If yes, Type of Support: _____

Source of Income Agriculture Non-Agriculture

Observation Any: _____

Able to meet monthly Expenses? Yes No