

# INSPECTION FORM OF MUMENIN HOUSE

HOF ITS NO. : \_\_\_\_\_

NAME OF HOF: \_\_\_\_\_

FULL

ADDRESS: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

NO. OF FAMILY MBRS: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ SR. CITIZEN: \_\_\_\_\_

IDARA: BURHANI GUARDS (MUMBAI)

GAIR BALIG FARZANDO: \_\_\_\_\_

WHETHER INDIAN OR WESTERN TOILET : \_\_\_\_\_

PRIVATE OR COMMON TOILET: \_\_\_\_\_

IF WESTERN, IT IS BECAUSE OF: \_\_\_\_\_

WETHER PLANNING TO CHANGE: \_\_\_\_\_

IF YES, BY WHAT TIME: \_\_\_\_\_

DO YOU NEED A CONTRATOR: YES OR NO \_\_\_\_\_

IF NO, WHY DO YOU DONT WANT TO CHANGE THE TOILET?

SIGNATURE IF HOF: \_\_\_\_\_

SIGNATURE OF KHIDMAT GUZAR: \_\_\_\_\_ DATE OF INSPECTION: \_\_\_\_\_