## **APPLICATION FORM**

Name of the Applicant (Indivi	dual / organization) :		
Type of the Applicant *			
Individuals 🗌	Start-ups	Company 🗌	Academic Institutions
Research and Development Centers	Civil society organisations	Others 🗌	
Is your solution Proven technology	ology or Potential Techn	ology * Potential Te	echnology
CONTACT DETAILS			
Full Name	:		
Mobile Number			
Email	_		
Age			
<del>-</del>			
City			
State	:		
Postal Code	_		
Solution Area Sanitation  Solution Type	Waste Water Manaยู	gement Soli	d Waste Management
Innovative Toilet Design	Innovative Method f	or Inno	ovative method to reduce /
imovative rollet besign	operation and maint		ninate manual entry into
	Toilet		er and sewerage
Solution Type Brief Description of the Soluti enhancement, please showca		<u>.</u>	•
Proven of Potential Solution -	- Please detail out if the	solution is implem	nented anywhere commercially
Please provide key features o field level	f the technologies used a	and operational m	nodel for implementation at
Is there any existing/ similar s your solution is better (300 w	·-	•	· ·

Please explain	if the solution replicable and scalable
Estimated time	e for pilot implementation of the solution?
Is the solution	developed using equipment/parts easily available in the local market?
	SE SUPPORT DOCUMENTS OF THE SOLUTION (DIAGRAMS/ IMAGES OF WORKING DTOTYPE/ RELEVANT REFERENCES)