WINS Awards 2023 - Women Icons leading Swachhata 2023

Application Form

1 **Name of Organization /Individual:**

2 **State:**

3 **District:**

4 **Urban Local Body (ULB):**

5 **Category of Applicant:** (Select as applicable)

i. Self-Help Groups (SHGs)

- Number of members-
- When registered- Month, Year
- Bank Linkage – Yes/No

ii. Micro enterprises

- Number of members and women
- When registered
- Nature of enterprise – Product or Service
  - Specify product
  - Specify service
- Annual turnover 2022-23

iii. Non-Government Organizations (NGOs)

- Women members/leaders
- When registered
- Geographical area of operation
- Sectors of operation
- Annual turnover 2022-23

iv. Startups

- Women members/leaders
- When registered
- Nature of startup– Product or Service
    - Specify product
    - Specify service
- Financial or technical support received – Yes/No
- Annual turnover 2022-23

v. Others including Individuals (please specify)

- Name
- Designation
- Organizational affiliation if any
- Geographical area of operation

6 Title of the Initiative/s

(ex.Waste from Best ,E-waste etc)

7 Thematic Area (Select all that apply)

- Management of Community/Public Toilets
- Septic tank cleaning services
- Treatment facilities – Used Water /Septage
- Municipal Waste Collection & Transportation
- MRF Operation
- Waste to Wealth products
- Treatment facilities-Solid Waste Management
- Information Education Communication , Training, Capacity Building
- Technology and innovation
- Other (specify)

8 About the Organization / Individual (150 words)

9 Brief Description of the Initiative/s (250 words)

10 Process the process of your initiatives how you are doing it presently(250 words)

11 Key Milestones (Aim Yearly or Monthly you have achieve or going to achieve)

Month/Year	Milestone

12 Results Achieved (250 words)

13 Replicability (The impact on society,ward and over all city transformation) (100 words)

14 Sustainability (how your model is sustaining for future and standalone) (100 words

15 Additional Information:

List Awards/ recognitions, press coverage . Support material may be attached separately

16 Details of the Contact person from the Organization/Individual

i. Name of the authorized signatory officer/group member:
ii. Designation:
iii. Mobile No.:
iv. Email:
v. Official Address:

City: _____ State: _____
Postal code: _____

vi. Website if any
vii. Social media handles