



**Government of Telangana**

Census EB No.

Notional house No.

Survey format No.

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## Intensive Household Survey -2014

### **Part A: Identification Particulars**

<b>1) District Name</b>		<b>2) Mandal Name</b>		<b>3) Circle Name</b>			
<b>4) Ward Name</b>		<b>5) Locality: Colony name / Lane No.</b>		<b>6) Street name</b>		<b>7) Street No.</b>	
<b>8) House Number</b>		<b>9) Number of households living in this house</b>		<b>10) Whether House Water tap Connection is there? (1- Y, 2- N)</b>			
<b>11) If Yes then Consumer Account Number</b>		<b>12) Whether Property Tax assessed? (1- Y/2-N)</b>		<b>13) If yes, then PT Id Number (PTIN)</b>			

**Part B: Family Particulars (Tick if the door is locked)** ☐

<b>1) Name of the head of household</b>			Surname					Full Name					<b>2) Father / Mother / Husband Name</b>						<b>3) Number of Family Members</b>			
<b>4) Religion *</b>				<b>5) Social Category*</b>				<b>6) Caste</b>					<b>7) Mother Tongue</b>									
<b>8) Do you have Gas / LPG Connection (1-Y, 2-N)?</b>								<b>9) Gas Company Name *</b>						<b>10) Consumer Number</b>								
<b>11) Mobile Number</b>																<b>12) Household Income Tax payee (1-Y, 2-N)</b>						

### Details of Orphans, Destitute, Nomadic Tribes

13) In case of orphans place of Stay *	14) Status of Orphan / Destitute *	15) If Nomadic Tribe / household, do they have permanent residence at other place (1- Y, 2- N) <input type="checkbox"/> if yes then			19) Duration of stay in the present village*
		16) Village Name	17 ) Mandal Name	18) District Name	

### Part C: Housing details:

[illegible]

**Part D: Family Member Details :**(Only for those who are presently living in city – details of the students in the family who are studying/staying at hostel in or outside city shall be included)

1) S.No .	2) Name of the Family member (Head of the family first )	3) Relationship with the head of the family*	4) Sex *	5) (i) Date of Birth (DD/MM/YYYY)/ (ii) Age*	6) Marital Status*	7) Comple ted educati onal qualific ations *	8) Education Status of 6-14 years old children*	9)Bank/ post office account (1- Y, 2- N)	10) In case of post office account then post office name	11) Post office account number								12) In case of Bank account then name of the Bank	13) Bank branch name

**Part E: Persons with Disability details**

1) S. No	2) Name of the person with disability	3) Type of disability *	4) Disabled Certificate (SADAREM) (1-Y, 2- N)	5) If Yes then Disability(SADAREM) Certificate Identification number																6) Percentage of Disability  (As per Disability/ SADAREM Certificate)

**Part F: Chronic diseases**

1) S. No.	2) Name of the person suffering from chronic disease	3) Type of Chronic disease *



1. Does the household hold agricultural land? (1- Yes 2- Yes but land is on the name of mother/father/ grandfather /brother, 3- Land less ) ☐

[illegible]

1) S. No	2)Type of live stock/pets	3) Number	S. No	Type of live stock/pets	Number
1	Buffalo/Cow/Ox		4	Poultry birds (including the birds in poultry farm )	
2	Sheep/goat		5	Pet Dogs	
3	Pigs		6	Others (Specify)	

**I certify that the above information is true. If the above information is found to be wrong I may be declared ineligible for Government benefits/schemes and I will be liable for any legal action. I solemnly declare the above in the name of God/Self.**

<p><b>Head of the family/members signature/left thumb impression*</b></p> <div data-bbox="470 1321 892 1328" style="border: 1px solid black; height: 30px; width: 170px;"></div> <p><b>Name:</b></p>	<p><b>Enumerator Signature</b></p> <p><b>Name:</b></p> <p><b>Designation:</b></p> <p><b>Mobile No:</b> <div data-bbox="1188 1321 1733 1328" style="display: inline-block; border: 1px solid black; width: 220px; height: 30px;"></div></p>	<p><b>Supervisor signature</b></p> <p><b>Name:</b></p> <p><b>Designation:</b></p> <p><b>Mobile No:</b> <div data-bbox="2080 1321 2553 1328" style="display: inline-block; border: 1px solid black; width: 190px; height: 30px;"></div></p>
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