

To

## Bhubaneswar Municipal Corporation Phone: 0674 - 2301002

North Zone Office, BDA Market Complex, Samanta Vihar, CSPur

Fax : 0674 - 2432895

Email: zdc-north@bmc.gov.in Web : www.bmc.gov.in

No. | 850 / Date 22-04-2020 / Pregratent of

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Sub: - For Registration of Migrant people expected to come from outside state on completion of Lock Down period.

Ref: - Memo no 13953 dtd 22.04.2020 of Commissioner, BMC

Sir,

With reference to above cited subject all are hereby requested to inform their residents about following things.

- > The family members who are expected to return home from outside Odisha are to be registered in Govt. portal by making a call to 1929 without fail. OR
- Such information be given to nearby ward office in given format (enclosed) so that it will be recorded in a register for online uploading in a portal.

By this we can follow-up the symptomatic cases and the returnees to trace out their health problems relating COVID-19 and take necessary action for their safety before time. Pl. Submit report by 27.4-20.

We except co-operation of all in this regard.

Yours fair	thfully,
	)
23	4.20
Zonal Deputy Commissi	oner (North)
Memo No   85  / dt 93 04 2000	Corporation
Copy to officials concerned for information & necessary action.	
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Zonal Deputy Commission  Bhubaneswar Municipal	oner (North) Corporation
Memo No/ dt <u>23-04-2020</u> / Copy to Dy. Commissioner (F & CS), BMC for information & necessity	essary action.

Zonal Deputy Commissioner (North) **Bhubaneswar Municipal Corporation** 

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	ପରିବାରେ କେତୋଟି ( ଏକଂ ପୃଥକ୍କ ବାଥ୍ୟ ଭୂମ (ଶୌଚାଳୀ	4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5		
	ଘରର ପ୍ରକାର କଳା)			
	ଫେରି ଆସିବାଲୁ ଚାହୁଁଥିବା ସବସ୍ୟଳ ଫୋନ୍			
180408	ଜର/କାଶ /ସର୍ଦ୍ଦି ଇତ୍ୟାଦି ହୋଇଛି?			
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ଚାରିଖ-	ବାହାରେ ରହୁଥିବା ସଦସ୍ୟଳ ବର୍ତ୍ମାନ ଠିକଣା			
HOREGADIA	ପେଶା(ଛାତ୍ର /ଛାତ୍ରୀ, କାମଧନ୍ଦା କରନ୍ତି, ପେଶାଦାର, ରେଖମ			
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	ମୋଟ ପରିବାର ସଦସ୍ୟଙ୍କ ସଂଖ୍ୟା			
	ଠିକଣା			
ସଭେ କରୁଥିବା ବ୍ୟକ୍ତିଙ୍କ ନାମ-	ଘର ମୁଖ୍ୟଙ୍କ ନାମ/ ପରିବାର ବାୟିତ୍ ନେଉଥିବା ଅନ୍ୟ କୌଣସି ସଦସ୍ୟଙ୍କ ନାମ ଏଙ୍ ଫୋନ୍ ଙ.			
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ଦୟଖତ (ଅଙ୍କନବାଡି କର୍ମୀ/ଆଶା/ଆ ର ଡକ୍ଲ୍ୟୁ ଏ/ପୂଜା କମିଟି/ ဖ଼ାଉଁ ଅଫିସର/ ବି ଏଲ୍ ଓ),ମୋବାଇଲ୍ ନଂ.

ANNEXURE-A

		Remarks				
Availibility of noms & Toilets in the House	rooms & Toilets in the House	Toilet				
Availit	rooms &	Коот				
		Type of House (Pucaa/Kachha)				
8 3		Contact No of returning person				
	Any	gh/				
Date:-	Willing to					
۵	Current Location of	the family members staying Outside				
SC BOS	Profession	( Student, Worker, Professionals, Patients etc.)				
		Gender (M/F)				
ON CONTRACT		Age				
1 N		Aadhar No.				
0 0		Idra No of Name of Family Family Members staying Members out of State				
	1 00	Family Members				
		Address				
Name of the Surveyor:	Name of the Head of	tne nousenolo Any other responsible family member with contact no.				
me of th		No Ward				